# The Cost of Sickness

By Dr. J. L. BIGGAR, National Commissioner, Canadian Red Cross Society.

I find myself faced at the outset of my share in your programme with two difficulties. The first of these is, I am afraid, insurmountable. I cannot find a form of expression which adequately conveys my appreciation of the honour you have done me in inviting me to address you. I cannot imagine why I should have been chosen for this honour, why it should have fallen to my lot to form a link in the chain of notabilities to whom has been awarded the privilege and opportunity of speaking to the annual meeting of the Ontario Association of Registered Nurses. All that I can do is to tell you that I appreciate the privilege and the opportunity very sincerely, and to warn you in advance that the fact that I hold an executive office in a national organization is no assurance that I can speak to you either with authority or with facility.

The second of my difficulties is one which I did not foresee at the time when your invitation was extended to me. That was some time ago, and I was as brave and bold as the recruits were when they first dressed themselves in their uniforms, and the real war was many months and many thousands of miles away. In that exalted frame of mind I told your president that I thought you might be interested if I spoke to you about the cost of sickness. The subject interested me. Indeed, it is interesting a lot of people today, and none any more deeply than those of us, nurses, doctors and hospital authorities, who are brought daily and hourly into contact with it, from the receiving and not the spending end, fortunately for us.

I did not realize when the invitation was extended that there should be any serious difficulty in getting some facts together which might prove both interesting and enlightening, and I felt that if I could present you with a resume of those facts you might not feel that your programme committee had been guilty of a serious error in judgment. Whether that committee was or was not guilty remains, I suppose, to be seen, but I would like to tell you at once that had I realized the extent of the task involved in the effort to get any facts and, even more, had I realized what a thorny path I had chosen for myself, how many pitfalls were concealed on the way, and how enormously tactful I should have to be—Agag walking at his most delicately—I think I would have selected some other subject, and this, in view of the recent controversy, would undoubtedly have been the wiser course.

All that I can say in my defence is that the storm had not broken—indeed there was not even a cloud on the horizon—when the subject was suggested and approved. And further, that just as I said a moment ago that my bravery when the invitation came was the bravery of the soldier who knew not war and was very far from the smell of powder, so tonight my bravery is like his when he was standing knee deep in a muddy trench with shells bursting on all sides of him, machine guns rat-tat-tatting in front of him, the zero hour at hand and the rum issue exhausted. Under those circumstances he was very careful not to take any unnecessary chances, and under these circumstances I am going to be as careful as he was, or even more so.

However, the cost of sickness is something in which all of us, professional and lay people alike, are profoundly interested. Whether we are brought into contact with it as patients or as those who are caring for patients, as payers or payees, there is not one of us who is not, or may not very readily be, deeply

(An address to the Annual Meeting of the Registered Nurses Association of Ontario.)

interested in the price we have to pay for illness and for the efforts made to cure or at least alleviate it. Nurses and doctors and hospitals get their incomes and revenues from it; their interest is obvious. The laity exhaust their savings and pile up loads of debts by it; the reason why they should be concerned in the matter is clear. Many complaints are made about it, but, as Mark Twain said about the weather, no one ever seems to do anything about it.

The subject is a very broad one. It has too many aspects to make anything in the nature of a comprehensive discussion of it at all possible. It touches our present social organization at dozens of points and our attitude towards it is conditioned and influenced by practice and tradition and custom to the degree that it is very difficult, if not impossible, for us to think of sickness and the methods we employ in dealing with it in any other way than the way we have been brought up.

### Three Questions

But, nevertheless, there are three questions one might ask as a form of approach to the subject. There is the question of how much the people of this country are now paying for the illnesses from which they suffer. There is the question of what they can afford to pay. And there is the question of whether the cost might not be more evenly distributed and the service, both professional and hospital, more adequately remunerated.

The advantage of this form of approach is that no definite or exact answers can be made to any of these questions. Estimates can be formed, but these are hardly more than guesses. However, they do, I think, throw some light on the situation and provide one with food for thought. And perhaps an attempt to answer them may help to visualize the whole problem which is exciting a very great deal of attention. In our professional publications, in both the serious and the lighter magazines, in the press and in other publications of all kinds, there are constant recurrences to the question of what the highly scientific, highly organized and highly expensive present-day professional service is worth, what its actual value is to the ordinary people who constitute the bulk—the vastly preponderating majority—of our own people, and of all other nations.

Before setting out to try to answer our three questions, one might make an attempt to assess the value of the service, and in trying to do this, let us take two types of cases. Let us take the young father with a severe attack of gangrenous appendicitis, seized with excrutiating pain, taken from the office in which he is employed or the trade at which he works, admitted without delay into a modern hospital, operated upon within an hour or so, out of danger two or three days later, and back at work within three weeks. His case seems to be a complete vindication of the value of our present arrangements. Without them invaluably precious time must have been wasted, the necessary operation would have been performed under great difficulties, post-operative care would have been based rather on kindliness than skill; and the chances for saving his life and restoring him to productive occupation must have been enormously lessened. Modern medicine as practised by doctors, nurses and hospitals has revolutionized the situation as far as this type of patient is concerned.

But there is another side to the picture. There is the case of the terminal and inoperable cancer. Let us suppose that the patient is the wife of a hard-working, honest, useful, independent citizen who, during the fifty years of his life, has provided food, shelter, education and recreation for his family, but in doing so has been unable to lay up anything very much for the inevitable rainy day. His living and that of his dependents has come from his earnings and these have never greatly exceeded the calls made upon him. Now this man has the characteristics which are common to us all. He desires every possible

comfort and every possible relief for his wife. The doctor must make fairly frequent visits, nursing is needed by day and by night, drugs and so on must be continually supplied. At the end, after months of hopeless attention, the patient is mercifully released by death and only the bills remain to tell the tale. How can he meet them? His savings have long ago disappeared. His income throughout the illness has been entirely insufficient to keep him abreast of the accumulating costs. His future is mortgaged to the hilt. Modern medical science, the practice of the art of healing as we have it today, has imposed a burden upon him far and away beyond his capacity, though he has embarked on no expense which modern medical practice does not consider to be unavoidable in the circumstances.

For there is always one thing one must remember. It is that we are, all of us, consciously or unconsciously, willing or unwilling, more or less completely governed by the public opinion and the common habit of our day. If the doctor and the relations and the friends and the neighbours all think that a certain course is the course to be followed, we follow it. In circumstances such as these it is not good form to speak of money. It is inhuman to consider money in comparison with human suffering and human life, and consequently, when our time of trouble comes upon us the whole environment in which we live bears down upon us with the perhaps unrealized but nevertheless irresistible pressure of its opinion and customs, and we do as the world does quite irrespective of the costs of our action and without anything like the consideration that we would invariably give to any other transaction.

In this example we have quite a different picture from that which we had in the other. We have a chronic long drawn-out and hopeless case where our only task is to provide as much comfort and alleviation as possible until the patient is finally relieved by death, and we use in providing it the same highly expensive machinery that we used in the first case because we have no other. Would it be improper to suggest that just as one uses one kind of equipment for one task and another for a different one—say a light high powered car for fast travel on a highway and a broad wheeled tractor for heavy loads on soft ground—so we might by taking thought adapt our equipment to the different demands which are made upon it in this very diversified business of caring for those who are sick. Speaking very broadly we have today only one form of machinery, by which I mean our organization comprising nurses, doctors and hospitals, and this form does not allow of much elasticity in its application but is, rather, an all-or-nothing proposition, to make use of which inevitably involves large expenditures.

What is the sum of these expenditures? How much are we paying? No exact answer can be given. Only an estimate of them can be formed, and that without a full knowledge of the facts. But a moderate estimate, which might best be called a fairly reasonable guess, is that in Canada we pay, individually and directly, somewhere about $150,000,000 per annum for the privilege of being looked after when we are sick. This is the amount of money you and I and all the rest of our fellow countrymen and women pay out of our own pockets to our doctor, our nurses, our hospitals and our druggists. It takes no account of any money that may be wasted on quacks. It does not include the amount we pay to our dentists, nor the couple of hundred thousand dollars a year which dispensaries cost us. It does not give the least consideration to the money we lose to ourselves individually and to the community collectively by being sick. But perhaps in a discussion of this kind these items may quite fairly be left out and only the four major items of doctors, nurse, hospital and drugs need be taken into account.

If you divide the bill by the number of those who are available to pay it, you find that to make up the total every man, woman and child in the Dominion should contribute almost $16.00 a year. The matter is not, however, as straightforward as that. One must remember first of all the class of people who are unable to pay anything whatsoever, the submerged tenth as they are called. These reduce the number of those upon whose shoulders it falls to pay this annual bill of 150 millions, their share being added to that of those who can pay. And to render the question still more difficult is the problem of the people in newly organized districts of whom we have so many and those in the places where only the barest living can be secured, with whom actual cash is a much less common commodity than it is with those whose work is invariably paid for in the coin of the realm. Speaking broadly, one might say that two-thirds or even more of the bill is paid by dwellers in cities, towns, villages and the more prosperous rural districts, and that these constitute not much more than half of our whole people.

Taking these facts into consideration I do not think that we would be far out if we said that the 150 millions we have to find each year to pay for our sickness is paid by no more than five million people and if these five million represent fathers, mothers and the average of three children to a family, it means that one million bread-winners have to pay an average of $150.00 a piece a year for the nursing care, the hospital service and the doctors' fees which they require on account of the illnesses from which they suffer during that period of time.

The question of whether we can afford to make these payments comes next. The answer is, we can, and the proof is that we do. We are today supporting our doctors, our nurses and our hospitals and we are paying for our drugs and supplies, so that it is obvious that we can afford the cost. But it is eminently possible that while we can afford this cost we ought, for our own sakes, to be affording more. Or, to put it another way, it is possible that we are not getting all the nursing, medical and hospital service we need for our welfare. We may be getting all we can afford to pay for but we can only afford to pay for so much, and so much is not really all that we need. No one has any doubt that people are putting off consulting doctors, postponing engaging nurses and doing without hospital care because they cannot afford to have these things though they know they need them. Or, in still other words, the present costs of these services are such that the benefits they provide have sometimes to be forgone, and if they were used as fully as they are needed, the same rates being charged, we would find that our total figure would have to be increased very materially.

But there is another and much more important angle to this part of the problem. Which of us is in fact paying the bills? Did you pay your share last year? Did I? Did our friends and relations? No, not unless they and we had the misfortune to be among those who needed the services. If we were lucky, if we escaped the necessity of calling in a doctor or engaging a nurse or occupying a bed in a hospital, if we visited a drug store only for tooth paste, kodak films and chocolate sundaes, we did not pay our share of the bill. Those who paid were those who had not our good luck. They did not escape, as we did, illness or accident. They had a share in the slings and arrows of outrageous fortune in the way of influenza, or pneumonia, or appendicitis, or a broken limb, or a new baby or some other of the many mischances to which we are all exposed and because of which the hospitals and the druggists and the doctors and the nurses manage to carve a living for themselves out of this hard cruel world.

As individuals we might have been able, though indescribably reluctant, to pay our share of the bill but we didn't have to. The whole cost fell

on those who, by their misfortunes, were in the least satisfactory position to bear it, and their load was enormously greater because they were in fact only a fraction of the whole number of those who might have divided the expense between them. No one knows how many people in Canada consult a doctor, employ a nurse, enter a hospital or need medicine in a year, and some of these things can never be ascertained. If they were known, however, I am confident that we should be startled and horrified. We should immediately be faced with the question that if this is the state of affairs in a supposedly civilized country either there is something radically wrong with our form of civilization or else the condition of the uncivilized must be indescribably bad. But that is another story.

Certain figures, however, are available. We know, for instance, that in 1927, approximately 185,000 people were patients in Ontario hospitals of all kinds, and from this we might be justified in deducing that some half a million of our fellow citizens throughout the Dominion were hospitalized in that year. Let us assume that three times this number were treated at home and we have two million sick people in the year 1927 upon whom fell the burden of paying the bill of 150 million dollars. But taking the average grouping which obtains in Canada today we find that each person belongs to a family of approximately five, and bearing this in mind, we find that, on the average, the whole bill was charged to the breadwinner or breadwinners of such families, or in other words, that 400,000 families paid the bill at an average cost of $375.00 a family. Now when you realize that the average income of Canadians is under $1,800.00 a year, you understand that out of our approximately two million families one-fifth pay, on the average, about 20 per cent of their total earnings each year because of sickness.

Now had these 400,000 families, comprising two million people, shared the cost among them the burden to each might not have been so intolerable but we don't do business that way. The longer we are disabled, and consequently the less able we are to pay, the greater is our share of the cost, which hardly seems to be a very sensible arrangement.

Looking at it in this way it appears to be both an unjust and a stupid arrangement, but there it is and so will it remain unless and until we are prepared to change it. To do so would mean that we must change our attitude of mind about the whole business of providing treatment for sickness, but we are changing our minds and changing them so profoundly about so many things that I imagine there should be no insuperable difficulty about our changing them in this respect also. And I should like to suggest, speaking professionally and in parentheses, that if we do not change them and lead and direct the general change of mind, a change may be forced upon us by the irresistible weight of public opinion and perhaps such a change may not be as welcome to us as the change for which we ourselves proposed and strove.

In order to see whether any further light may be shed upon the question, let us consider for a moment the history of hospitals and of nurses and of doctors. Let us see if some of our present difficulties do not arise from our ideas about these factors in the problem and whether these ideas are not based upon their historical backgrounds which are not warranted by the facts of today. In other words, let us see if we are not thinking about these three enormously important factors in our lives rather in terms of what they were than in terms of what they are.

The doctor derives from the priest and the magician and if he has lost his priestly character he still retains something of the other ancestor and, in the popular mind, is held to be something of the wizard. Indeed, people still want wizardry from doctors; they do not want pure science. They want the magic touch rather than the skilled brain. For this

reason, among others, doctors are extreme individualists. Our relationship with our patients and with the world is an individualistic relation, and we find it enormously more difficult than lawyers or architects or accountants or chemists or any other scientists to work in collaboration. We like best to stand on our own feet and deal with our patients as far as possible off our own bats. We may have to change all that. Indeed some signs of such a change are today apparent but, nevertheless, today we walk alone rather than in company.

The origins of the profession to which you belong, while perhaps lacking a little of the mystery of those of the medical profession, are still to be seen in the attitude of the public towards you and perhaps also in your idea of yourselves. You have a noble tradition—the tradition of devoted singlehearted women who throughout the ages have striven without hope of earthly reward to alleviate misery and mitigate suffering. You derive from sisters-of-mercy, from convents, from sisterhoods and from all those institutions to which sick and suffering people might look for succor. Only, as it were, yesterday did you become separated from the purely charitable and altruistic organizations in which you had your beginnings and the mark of these organizations is still upon you.

### Hospitals

Looking at the hospitals we find much the same kind of story, with this additional factor, that until quite recently, as time goes, they were called upon to accept and care for only those who were entirely unable to provide care for themselves. They gave to the friendless and the outcast what he could find nowhere else. Until quite recently the independent citizen did not take the hospital into consideration nor avail himself of its service when he required attention. So long as he could pay he looked elsewhere for such care as he might require. The change from this situation has been too sudden for us to have wholly adjusted ourselves to it as yet. The hospital today is caring for an infinitely larger number of independent and respectable people than of the friendless and the dependent, but its wards still retain something of the old stigma and so long as the independent pay-patient fears that he may be classed as one of the failures, for so long he will be inclined to deprive himself of advantages that the hospital might secure for him. Might there not be some readjustment of our attitude to this part of the problem?

There is also another feature of the same thing, a material feature, composed of bricks and mortar. Has it, do you know, ever been considered whether it would not be possible, without any serious additional cost, to secure something of the privacy which everyone would like to have when they are sick? Our hospitals seem to me to have followed an old idea of accommodation for patients though the character of the patients has been very largely changed with the changing times. I ask the question because of a recent occurrence in which I was personally interested. A young man of my acquaintance got a job which paid him $175.00 a month, and promptly got married. In the course of events a baby was expected and arrangements had to be made. With some searching he discovered a hospital, agreeable to the doctor who of course insisted on hospitalization, where he could obtain a private room for the expectant mother at a cost within the extreme limit of his means. The baby was duly born and when all the bills were added together it was found that the child had cost altogether $275.00, which I understand is a very moderate price to pay for a baby these days. Peculiarly enough both the parents considered him well worth the price, though they realize they won't have him paid for till after his second birthday, and that before he can have a little sister the family income must be greater than it is.

It occurred to me that while the mother was entirely justified in thinking that a private room was essential, it must have involved additional nursing costs and that these might have been lessened had the building been so constructed that all the necessary privacy might have been secured without solid walls and closed doors so that the task of the nurses might have been simplified and thereby rendered less expensive.

### Solution

And so we come to the last question; the question about the possibility of a more equitable division of the price which we are paying. This is not a question of the value of the services. From the point of view of the patient, whatever the cost, it is worth it, for you cannot estimate the monetary value of life or the restoration of health. There is absolutely no way by which these can be reduced to a dollars and cents basis. No sum of money is too great if the desired results have been obtained. But there is another aspect of the matter and it is this aspect that is now beginning to stimulate general curiosity and to raise a doubt in the public mind. It is the aspect which may perhaps be best expressed as a question along these lines. Are our sick people as a whole getting a square deal? Are they called upon to pay too dearly for their misfortune in being sick? Is there any equitable way of arranging matters so that, while those concerned in the business of caring for them are properly and sufficiently remunerated for their work, the burden of cost may be more evenly distributed? Is this whole business of caring for the sick in a state of confusion between providing the necessary care for those who can afford to pay nothing on the one hand and charging all that the traffic will bear on the other?

Take the hospital to begin with. It is a matter of common knowledge that, generally speaking, the private ward patient pays more than the cost of the service given him so as to lessen the loss on the non-pay-patients. In other words, if you or I have the bad luck to fall sick and to require hospital treatment, we being what we are and feeling as we do that we have no choice in the matter but to conform to the usual practice, and keep up with the Joneses, pay not only the cost of our own sickness but also for a part of the sicknesses of others. This is certainly not equitable and might be remedied without delay. And we might also look at it another way. I stay at hotels a great deal. I get a comfortable, quite expensively furnished room and a private bath. The linen is continuously immaculate, and the service excellent. I get three excellent meals, beautifully cooked and expeditiously served. In addition I may freely use the public rooms of the hotel, luxuriously furnished drawing rooms, writing rooms and lounge rooms. I am provided with music at my meals. I may have a radio set at my bed-head and I have the use of a private telephone. For eight to ten dollars a day I live luxuriously and, provided there are enough of me in the hotel, the management makes money.

Now in a hospital, which after all is a specialized hotel, I get a much smaller and less expensively furnished room; I may or may not have a private bath room; my meals are infinitely less expensive; I have no public rooms in which to disport myself—if I enjoy a session in the operating room I pay extra for it—I wholly lack a musical accompaniment while eating and the actual domestic service is on a smaller scale. Altogether the fixed charges for comparable items must be very materially less in the hospital than in the hotel. I should imagine that so far as these items are concerned, the cost should not exceed $3.50 or $4.00. The difference between the actual cost and the charges made is presumably for nursing service but if I require much nursing attention I must engage my own nurses and pay for them and for their meals also. It seems quite obvious that I get better value for my money in the hotel, and I confess that were the

choice given me I should prefer three weeks in a good hotel to three weeks in hospital.

### Doctors and Nurses

Finally, let us consider the difficulties of the two professional groups, the groups which you and I have the honour to represent. The first thought that occurs to me is that we are the battleground of two incompatible ideals. The first is the ideal of providing our patients with the very best service, the most complete and single-hearted attention of which we are capable, quite irrespective of the cost to ourselves in labor and energy and devotion. This is the ideal of both nursing and medicine, our inheritance of the noblest of traditions through many centuries. The other is the result of the gradual encroachment of a materialism upon occupations which had their origin in idealism. This encroachment has not been our fault. The world has become almost wholly materialistic. Its standards are almost invariably commercial. It thinks almost entirely in terms of the almighty dollar.

These two attitudes—our inherited idealism and our modern materialism—divide our councils and confuse our thinking. Altruism and commercialism, unselfish service and money-making cannot work smoothly in double-harness. They are not a well-balanced team.

And there is a second misleading factor. It is the popular belief that as a class all professional people are well paid. In spite of their experience, professional people themselves subscribe to this notion, and if they are themselves ill-paid they feel that there is something wrong. The idea is, however, utterly erroneous; nothing is further from the truth. In proportion to the necessary period of preparation for a profession, to the intelligence and the energy which are essential to its practice, the returns are much smaller than in many other occupations. It is notorious that the incomes of ministers and teachers and doctors and nurses and even lawyers are very small in comparison with people of similar capacity in the commercial world. Theirs are not, on the average or indeed except in occasional instances, the pursuits which are well rewarded financially. Very few of us, unless we are lucky speculators, are able to retire with a competence or a pension while life is still enjoyable. We only stop striving to make a living when we find that we are no longer able to earn one. The truth is that if we undertook our present jobs with the idea of enjoying good incomes, we are stupid or misinformed about the facts. They are not money-making activities for most of us. Indeed, considering the standard of living which these occupations enjoin upon us, many of us are lucky to make ends meet.

### Idealism, Materialism

So that, in the last analysis, we are faced with an extraordinarily difficult problem. Are we to be idealists or materialists? Are we to commercialize our professions, or are we to remember their derivations and traditions and give ourselves to them with single-hearted devotion, realizing that our reward is the sense of duty done and the affection of those whom we have been able to serve? As things are today that is our problem and each of us must arrive at some solution of it for her or himself.

But I believe that there is a way out of this difficulty. I believe that we can, if we want to, reconcile these apparently incompatible ideals. I believe we can find a solution of the matter, if we strive earnestly enough, and that we will find it in the application of the new principle which is taking, more and more, the place it deserves in all the activities of humankind today. I refer to co-operation. We have co-operation in business. We have secured co-operation in many of our public services. We are getting co-operation even in international relations. Today co-operation is the governing idea in most of our affairs and I ask you if we cannot apply it to our own problems.

Let us envision a community in the year of grace 1960, imaginary if you like but quite within the bounds of possibility. Its citizens have agreed that the health of the community, which is after all only the sum of the health of all the individual people of which it is composed, is the absolutely primary requirement and must be their first consideration if they are to enjoy life, and they have arranged that the burden of caring for the sick amongst them should be a common duty, shared by all, just as education of the young is with us, and with this end in view they collect the money needed for this purpose through the usual system of taxation. No one is compelled to use the service so provided, just as today no one is compelled to send his children to the schools that are provided but may send them to private schools if he likes. In this community the standards of the medical and nursing and hospital services are maintained at the very highest level and are completely dependable. No one has the savings of years exhausted in a few months or a load of debt imposed upon him by his personal misfortune in the way of sickness, and all concerned, the public, the professional people, and the whole community enjoy benefits almost unobtainable today except by those who must pay heavily or those who pay nothing.

The complete requirements of this community, all that it could possibly need in the way of doctors and nurses and hospitals and drugs could be met by an expenditure of $20.00 a year a piece, or very little more than the present per capita cost of the education of the children in Ontario. This money would provide them with the most expert physicians and surgeons, with the most skilled nurses, with efficient and sufficient hospital care and with all the medicines and so on they could use even at our present incidence of sickness.

But in a community such as this, a community intelligent and clear-sighted enough to realize that an injury to any one of its members is an injury to all and that very great advantages can be secured by simple measures of co-operation, the incidence of sickness would be much less than it is with us today. The entire prevention of all preventable disease would be its watch-word and its goal. Its citizens would completely realize the absolute truth of the old aphorisms—so old as to be platitudinous—about the stitch in time, the stable door and the stolen horse, the fact that prevention is cheaper than cure. And more and more would their "sickness" fund come to be spent on preventing sickness rather than on curing it, so that in time their need of doctors and nurses and hospitals would be lessened, their burdens would be lightened and their happiness enormously increased. But do not fear that concurrence in the suggestion I have had the temerity to make to you will reduce the chances of our own employment. The fruits of the scheme are at best as yet no more than in the bud and the day of their ripening in a world where sickness and sorrow are to be diminished so far as human knowledge and intelligence can diminish them is still far off in the dim and distant future.

To undertake to put into operation a plan of truly co-operative nursing and medical and hospital service would mean a very substantial alteration of our present arrangements and a profound readjustment of our present views, but man is an adaptable animal. Indeed he has survived only because of his adaptability: without it he would long ago have perished from the earth. And in view of this adaptability, does the idea seem fantastic? Is it impossible to imagine a group of doctors working hand in hand to care for all the sick of a community? Is a co-ordinated nursing service visionary? I do not think so. I believe that the details of such a scheme could be worked out without any serious difficulty. I believe that our professions are basically imbued with the spirit of service, and that it is at all times existent among them. We remember how this

spirit was displayed in the war, and we know that the opportunity is all that is needed for its display in peace. I believe that idealism rather than commercialism governs our professions and that only a suitable opportunity is required to make the fact abundantly evident to those who are questioning our motives or the attitudes we are accused of taking.

I believe a degree of harmonious relationship between the public and our professions could be realized to an extent which is at the moment hardly realizable. I believe that of all the advances which humanity has made since the days of the cave and the wattle-hut there has been none so striking and none so full of promise for the future as our increasing ability to work together, effectively and harmoniously, and that just as by co-operation, by working together honestly, faithfully and unselfishly, we can gain our objective in this question of the costs of sickness, and how they may be more equitably divided between us.

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## *The Lazaretto at Tracadie, N.B.*

By A SISTER OF ST. MARTHA

The Sisters of the Hôtel Dieu of St. Joseph play a very important rôle in the early history of Canada. Whilst their great pioneer work for this country excels that of many statesmen and politicians whose names appear in large letters on many pages of history, these devoted women continue their splendid work of helpfulness throughout this vast North American Continent. To speak of the Hôtel Dieu of St. Joseph is to evoke a past replete with hallowed memories, humble yet glorious, a past that is little noted by the world but written in golden letters by the recording angel.

It is in the great wide field of hospital work that the Hôtel Dieu nuns have distinguished themselves. When the wave of standardization sponsored by the American College of Surgeons swept over the continent, their hospitals were amongst the first in Eastern Canada to measure up to standard requirements. However, their self-sacrificing devotedness to duty is perhaps better shown in their work for lepers in Tracadie, N.B.

A variety of opinions exist as to how leprosy made its first appearance in New Brunswick, but the most commonly accepted theory is that sailors who were aboard a French vessel from Morlaix, which was shipwrecked at the mouth of the Mirimichi River early in the winter of 1758 spread the disease. This supposition is verified by the fact that this same boat—the "Indienne"—had been carrying on trade with Levant, where from the earliest ages of civilization the inhabitants had been infected with leprosy. The sailors aboard the "Indienne" were kindly cared for by the good people along the shores of the Mirimichi, and thus the disease was spread.

It was not till the year 1844 that the Provincial Government became awakened to the fact that some of the people were infected with leprosy, especially in the counties of Gloucester and Northumberland. A medical commission was appointed to make inquiry into the character of this loathsome disease and report on the means of lessening its ravages. Upon the repeated demands made by Father Lafrance, a devoted priest who was much interested, a pest house was built on the Sheldrake Island in Mirimichi Bay, eight miles from Chatham. This helped to check the progress of the disease, but it was far from providing comfort for the poor sufferers. Whilst due credit is given to the Provincial Government of the time for its generosity towards the lepers, yet it is regrettable that the body of men which it invested with its authority to manage the affairs *of this leper*

*colony* were lacking in a true sense of their obligations, and the poor sufferers were doomed to great misery. However, no institution is perfect in the beginning, and the rude wooden structure of 1844 paved the way to better things.

In the meantime, the lepers who were thus segregated in this pest house remained helpless and hopeless, and their sad story can never be adequately told. Their paid attendants, who even at that time had the instincts of our modern "safety first," rendered only such service as could be ministered without danger to themselves. Doctors seldom visited the place, and the laws of cleanliness and sanitation were sadly ignored. Thus, these poor unfortunates rotted away, with few to pity them, except the kindly priest, their sole visitor, whose tender heart went out to this afflicted portion of his flock. Through his efforts, a new building was erected in Tracadie, N.B., a short distance from his church and parochial residence. It was a low, rudely-constructed building and surrounded by a high, iron-spiked fence, which shut off the view of land and water. The lepers were transferred here on July 25, 1849. With all its prison-like gloominess, this afforded them better living conditions than they had yet known. The Board of Health appointed Dr. Labillois, a young and clever physician, who had made a particular study of leprosy, in charge of the patients. For three years he devoted himself indefatigably to their care, and there are documents extant today to show that he wrought immense good in the hospital.

The fall of 1852 was marked by two misfortunes for the lepers. Dr. Labillois, whose eminent service meant so much to them, left for Dalhousie, and his departure was sincerely mourned with good reason. Soon afterwards (on September 9, 1852), the hospital was reduced to ashes, and it was too late in the fall to think of reconstruction. A temporary building afforded shelter during the winter months, but it was far from comfortable. Dr. Nicholson succeeded Dr. Labillois, and his untiring devotion and skilled care brought a ray of comfort to this desolate home of suffering. In 1865 he was replaced by Dr. A. C. Smith, who capably filled this office till his death in 1909.

In 1860, the Right Reverend James Rogers, Bishop of Chatham, visited the Lazaretto for the first time, and his kind heart went out to the sufferers. This visit proved to be the dawn of a new day in the history of the province, for the zealous bishop decided there and then to confine the care of the lepers to the Religious Hospitallers of St. Joseph.

In was on September 9, 1868, that the Sisters arrived in Tracadie and were received with manifestations of joy, which found full expression only when the warm-hearted inhabitants assembled in the church to sing the Te Deum. On the following day this little band of zealous pioneers set resolutely to work in a united effort to better conditions at the Lazaretto. There was ample room for improvement for one cannot imagine today much less write the revolting state of this filthy abode of misery and death, but these noble women set themselves energetically to tasks that were indeed revolting to poor human nature.

Of this event a writer in a local paper pathetically remarks: "The night had been dark and full of horrors for the poor exiles of Sheldrake. Dawn had risen slowly but full of hope on the horizon at Tracadie. At last full daylight broke forth and ushered a day chronicled in letters of gold in the annals of the Hôtel Dieu. A ray of indescribable gladness penetrated the souls of the poor lepers, so long had they been deprived of the care and pity their lamentable condition required."

Here, as elsewhere, the Sisters of the Hôtel Dieu proved themselves the true spiritual daughters of Jean Mance. Fearless and dauntless they

took charge of these poor desolate creatures and brought order and cleanliness into this abode of terror and sorrow. They washed the bandages, dressed carefully the dropping limbs without the faintest sign of repugnance or disgust, for they remembered the words of the Master: "As you did it unto the least of these, you did it unto Me." Soon the rooms within the grim and forbidding walls of the Lazaretto took on a new aspect, but to do this was no light task and it required superhuman strength and courage to accomplish it. The secret of it all has been chanted truly and feelingly by the poet who said: "The vase was human, but the flower divine." Unquestionably, souls less courageous and fearless, less enriched with sublime faith and heroic charity, would have wavered more than once in sight of the squalid and ill-kept apartments, where dwelt the victims of the loathsome and gruesome disease.

How the heart of the poor leper, hitherto helpless and hopeless, forcibly separated from parents, wife and children, torn with anguish and sorrow, must have been comforted at sight of these devoted women who so kindly and sympathetically ministered to his wants! Perhaps the greatest miracle of all is that amidst poverty and want, without accessories or conveniences, with the miserable surroundings and unsanitary conditions under which they labored, not one Sister ever contracted the disease.

However, it was not the healing of their patients' bodily ailments nor the revolutionizing of domestic conditions that claimed their foremost efforts. Their first aim was to win their poor souls to God. Their first step in the fulfilment of this delicate mission was to read good books and pleasing anecdotes for the unfortunate victims, and to teach them how to bear their terrible sufferings with peace and resignation.

The first year which the Hôtel Dieu Sisters spent in Tracadie was marked by hard work, discomforts and rigorous poverty. The Government did not offer any assistance during this first year, but in response to the call of their pastors, the generous Acadian farmers gave splendid assistance with large supplies of produce and by their labour.

At the end of the first year, the Sisters' work was happily recognized, and the Provincial Government gave some assistance. In 1880, through the persevering efforts of Dr. Tache, who was at that time professor at Laval University and Deputy Minister of Agriculture, the Federal Government took the institution under its care, and from that day it has provided the very best of everything for the poor lepers. Henceforth the Sisters became sole administrators of the hospital, and no one ever had reason to regret the fact. In 1894 the Federal Government decided to erect a new building which would afford comfortable quarters for the inmates. This structure of stone was built at a little distance from the old one and the patients were removed here in the spring of 1896. Unquestionably this building does credit to the Government that constructed it. The site is an ideal one, commanding a magnificent view of Tracadie Bay, separated from the Gulf of St. Lawrence by a narrow beach, which is fringed by the white lacy foams of the sea, into which two rivers wind their way, and between their mouths run the stretch of land whereon stands the Lazaretto.

The interior of the hospital is well arranged and the wards are spacious, well lighted and splendidly ventilated. The lepers find here order, comfort, cleanliness, good food and recreation. They are allowed to stroll through the lovely fields around the hospital and enjoy such amusements as can be safely provided. Those who are able may be seen fishing and hunting on the shores of the bay, and strains of music may be heard within the walls, as well as in the adjoining gardens, where they may be often

found on a summer's evening, singing their national or patriotic songs. The comforts of religion are theirs to the full, and their thoughts are directed to the great end which is drawing near for most of them.

Owing to the splendid sanitary conditions, and the cleanliness with which they are surrounded, the nutritious food provided for the patients and the excellent care they receive, the disease is diminishing rapidly and the remaining few pass their days comparatively happy, preparing devoutly and hopefully for the END. Perhaps the majority of happy-go-lucky worldlings might well envy the lot of the lepers at Tracadie, New Brunswick.

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## *Smallpox*

During post-graduate week at the College of Nursing, London, Major Parkinson, R.A.M.C., late M.O.H., Gibraltar, in speaking on "Smallpox: Methods of Prevention and International Control," is reported by The Nursing Mirror, April 20th, 1929, as expressing the opinion that in a country where vaccination is not compulsory one may, sooner or later, expect a serious epidemic of smallpox. The speaker emphasized the necessity for the isolation of smallpox cases, showing that a mild case requires the same isolation as a more virulent one. He explained that:

"In Germany vaccination is compulsory at birth and again at twelve years of age: in France at birth and again at twelve and twenty-one: in Gibraltar at birth and again at twelve years. Germany possesses no isolation hospital for smallpox, because the disease is non-existent. Many countries which surround it, especially Russia, suffer from the disease, but Germany remains immune. Gibraltar is in daily communication with Africa, Spain, and other countries where the disease is usually more or less prevalent, and it is also a port. But it has no smallpox because vaccination is compulsory. Where only thirty or forty per cent. of a nation is vaccinated, it follows that quarantine and isolation must exist."

In referring to international control, Major Parkinson said that such control of smallpox is not easy. "There are regulations with regard to plague, yellow fever and cholera, including the quarantining of ships, and the League of Nations issues weekly bulletins which are passed on by the health authorities to one another, so that the officials at the principal ports have authentic information as to whether the place whence the ships come are infected or not. There is no such regulation with regard to smallpox. Only an entirely unwritten understanding exists between the nations whereby it is notified. Contacts are usually detained for a few days; their names and addresses taken, and particulars forwarded to the medical officer of health in the district in which they are going to stay. Through these bulletins a port is not given a clean bill of health until the authorities are convinced that it is free from infection."

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# Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

## *Methods in Teaching Ethics*

By CHARLOTTE TALLEY

In teaching ethics to student nurses the subject should be presented in such a manner as to arouse sufficient interest to lead to the upbuilding of the students' ideals of thought and conduct.

A broad viewpoint of the subject of moral science is important as a foundation to build concepts of ethical conduct that will be the result of the students' own thinking and not merely opinions imposed on them by the instructor.

So we see that there are several important points to be considered. We must enlist the students' interest, we should give them as broad a viewpoint as possible, and also we should impart information that is workable to aid in character development.

Most people are keenly interested in ethical questions without, perhaps, being fully aware of the fact. It is the person in the public eye who measures up ethically who wins popular acclaim. Every book of fiction we read, every stage play or motion or talking picture we see, holds our interest through characterization or the ethical or unethical conduct of the persons depicted therein. A faulty character may have appeal, but generally because of possessing some redeeming trait or traits. Mere beauty may attract because it is or seems to be the "outward and visible sign of an inward or spiritual grace," but alone it will not suffice to hold us.

In real life we care for very faulty people, but they also usually possess some ethical quality which endears them. We may not analyze their characters to discover that it is their cheerfulness, good-humour, generosity, sincerity, loyalty, sense of justice or loving-kindness which makes us like them, but this is true.

The daily events in our lives are constantly affected by the ethical or unethical conduct of others. Our own conduct has its effect upon others often more than we realize. The field of our daily work is the laboratory wherein we may experiment as to how we may improve our characters. It is not difficult to interest students in the subject of ethics if we show them at once the way the entire subject is directly concerned with our daily living.

The best way to do this appears to be to begin at once with ethical discussions. Preliminary students are apt to be absorbed in their new environment. Concentration on the qualities for which they are marked in their efficiency reports is sure to have an appeal. Problems submitted by students which relate to their work or their new social relationships have important significance and soon reveal the necessity in nursing for making independent ethical decisions.

We want to assist students to decide ethical questions wisely, not by giving them set rules to follow, but by showing them how to apply the ethical principle which is involved in the problem to be solved.

The rules of professional etiquette as required in the individual school are usually given to preliminary students at the beginning of the course in ethics.

Since moral science is both historical and experimental, we can present the broad aspect of the subject by carrying the history of the development of ethical thought and conduct and the consideration of ethical principles concurrently with the exercises to develop character qualities and the discussion of ethical problems.

This may be done by devoting half of the lesson periods to each purpose or by alternating the periods and devoting one to historical and the following to experimental ethics.

The latter method makes for better concentration on the lesson assignments, but the first few lessons are more satisfactory if the former method is employed, so that students will realize better the objects of the course.

We check up on results at the end of the course in accordance with what has been the general or educational aim, and it is well to advise students what this is. For instance, it may be: 1. To impart knowledge of general and nursing ethics to assist students in deciding ethical questions; 2. To be an aid to students in improving their efficiency reports and in character development.

An outline of the history of ethical thought as it has developed through the centuries, correlated with historical epochs and nursing events, is an aid in clarifying the subject of ethics as treated historically, and it is a good plan to have this on the blackboard to be copied into note-books. This need not be memorised to be helpful.

Such an outline formulated by the writer is as follows:

OUTLINE BY CENTURIES OF THE HISTORY OF ETHICAL THOUGHT CORRELATED WITH HISTORICAL EPOCHS AND NURSING EVENTS

B.C.

| | | |
|---|---|---|
| | | Ethical principles necessary to the maintenance of group life: good of the majority. The rights of others. |
| | Confucius (551-478 B.C.) | Golden Rule (negatively stated.) |
| | Buddhism (568-448 B.C.) | |
| Laws of Sanitation. | Hebrew Literature. | Golden Rule. Ten Commandments. |
| | Greek Literature. Epictetus. | Golden Rule. |
| | Socrates (469-399 B.C.) | Socratic method of arriving at truth by question and discussion. |
| Greek ideal of perfection of the individual sometimes led to the neglect of the chronically and hopelessly ill. | | Know thyself. |
| | Epicureans. | Pleasure the only good. |
| | Zeno. | Stoic's law of self-control. |
| | Plato. | Platonism—Rule of subordination. |
| | Aristotle. | Aristotelian sense of proportion. |

FIRST CENTURY A.D.

| | | |
|---|---|---|
| Art of nursing developed by Marcella, Fabiola, Paula and Phoebe. | Christianity. | Golden Rule, Love and Non-resistance, Humility, Pity, Service, Hope and Faith, Self-Sacrifice. |

| | | | |
|---|---|---|---|
| | **MIDDLE AGES (476-1500 A.D.)** | | |
| Chivalric, monastic, and military ideals incorporated into hospital management. | Religion and Militarism. | | |
| | Group, clan and class ideals. | Abelard 1079-1142). | Treated ethics as a separate study. Held the individual conscience as criterion of moral judgment. |
| | Crusades. | | |
| | Discovery of America, 1492. | | |
| | 3rd Century. | Neoplatonism. | Commerging Christian and Jewish ideas with Greek philosophy and Oriental mysticism. |
| | 14th Century. Renaissance. | | |
| | **MODERN ERA** | | |
| | 16th Century. Elizabethan period. | | |
| Decline of religious orders and in hospital care of the sick. | Reformation. | Francis Bacon (1561-1626) | |
| | | Thomas Hobbes (1588-1679) | |
| | 17th Century. | | |
| Organized charity under St. Vincent de Paul. Advance in nursing through Sisters of Charity. | | Locke. | |
| | | Spinoza. | Two-fold value of knowledge. |
| | 18th Century. Age of Reason. | James Mill. | Psychology of association. |
| | Growth of individualism. | | |
| | American Revolution (1775). | Rousseau. | Democracy. |
| | | Voltaire. | |
| | French Revolution (1789). | | |
| | | Kant. | Moral conduct judged by its motive. So act that the maxim of your conduct could become a universal law. Reason the authority. |
| | | Schopenhauer. | Pessimism. |
| | | Hegel. | |
| | | Hume. | |
| | | Bentham. | Good is happiness, and that of the greatest number. Eudomonists. |
| | 19th Century. | | |
| Florence Nightingale (1820-1910) | Emphasis on the good of society. | John Stuart Mill. | Utilitarians (Conduct judged by its effect). |

| | | | |
|---|---|---|---|
| Protestant Deaconesses of Keiserworth. | | Comte. | Positivists. Empiricists. Intuitionalists. |
| Founding of Nursing Schools. | U.S. Civil War (1861-1865) | Huxley. | Theory of evolution. |
| | Abolition of slavery. | Spencer. | applied to Ethics. |
| Organized Red Cross Societies American Red Cross (1881). | Theory of evolution, Darwin (1809-1882). | Wolff. | Do that which makes your state and that of others more perfect, and refrain from that which does not. |
| | | Guyau. | Claimed that instinctive justice and love and fraternity influenced men in deciding what was moral conduct. |
| Beginning of many modern ethical advances of a humane nature. | | Bergson. | |
| | | Dewey. Mackenzie. Bowne. Paulsen. | Books on ethics. |
| | 20th Century. | Nietzsche. | |
| | | William James. | Pragmatism. |
| | World War (1914). | Josiah Royce. | Philosophy of loyalty. |
| Higher educational standards in nursing schools. | Changing ideals. | Warner Fite. | Individualism. |
| | Advance in science, invention and exploration. | Kropotkin. | Nature not a-moral. |
| | | Bertrand Russell. Benedetto Croce. Santayanna. | |

Concentration exercises which have been an aid in teaching ethics to student nurses are those founded on the system of Jane Brownlee, a high school teacher, who taught that "thoughts are things" and who had students concentrate on an ethical quality or condition in order to achieve its realization.

One method employed by the writer has been the selection of a concentration word or sentence at the end of a lesson period to be used for concentration by the class until the next lesson, the students to watch themselves and others as to how they lived up to this ethical principle. The word chosen might be the ethical principle involved in a problem which had been discussed, such as reliability. At the next lesson some student would relate an incident illustrating how this principle had been applied to conduct in some instance.

The qualities for which students are marked in their efficiency reports are suitable for this purpose, such as even temper, courtesy, etc. The concentration word or sentence may be suggested by the lesson assignment and have been emphasized in recitation. The Golden Rule, "right feeling, right thinking, right doing," democracy, the sacredness of human life, etc., have also been chosen.

Other concentration exercises with which the student experiments individually have been beneficial in improving a condition or the environment, such as health, success, harmony, etc.

Written reports by students at the end of the course have shown that the students quite generally consider these exercises of value, and they have described their personal experiences with them in detail.

Self-analysis with the incentive of character improvement does not appear to lead to self-righteousness or priggishness. We are more apt to be self-satisfied when we are critical of others than when we strive to behold the motes in our own eyes.

Some methods in teaching ethics which have proven valuable are: The recitation method on assignments for reading; the problem method in the discussion of problems of a general or professional nature, the laboratory method in experimenting with concentration exercises in character improvement, practice in meeting the situations which arise in daily living, and practice in participation in government.

The importance of the subject of ethics to nurses is worth weighing carefully in planning the curriculum, even where the time element must be considered.

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## *Graduation*

**By Dr. GORDON JACKSON, Deputy Medical Officer of Health, Toronto.**

It hardly seems possible that a year has gone since last we met to do honour and pay tribute to a graduating class and yet, in a rapid survey of the many subsequent events it would seem that years must have passed in order to permit of their occurrence.

The age in which we live is a network of kaleidoscopic incidents: A flash, an impression, and tomorrow but a memory; speed, action, accomplishment. And so today, we meet to celebrate the realization of visions formulated three short years, or three long years ago, according to the view-point of the individual, the culmination of earnest endeavour on your part, and it should be the day of days in your career. In the parlance of the soldier "you have gone over the top, you have attained your objective, and nothing remains now but to consolidate your position."

You are to be congratulated on your successes thus far. You have every right to your joy, your happiness and your pride of achievement. The dark cloud of pessimism has no place on an occasion of this kind, but it is only fair and proper that you should be prepared to meet eventualities. Trials, tribulations, worries and cares may come as surely as sunset follows the sunrise. Life would not be life without them. The clearest diamond is but a bauble until subjected to grinding sands and the cutter's art. Adversity is but the tempering heat that toughens the steel within us. Remember that a ray of optimism will always dispel the cloud, and the sunrise will burst forth with increasing brilliancy.

In your enjoyment of your new-found freedom, that feeling of release from bondage, may your thoughts oft return to your Alma Mater. So regulate your conduct that no action of yours may reflect discredit on this institution, or on those in charge. And now you would sail away, like the mariner of old, into uncharted seas—the compass of knowledge, the barometer of hope, the anchor of faith, and the guiding star of ambition, your only equipment. The experience of some who have preceded you may be of benefit and assistance in piloting you through the shoals and shallows at the very commencement of your voyage. Many a good barque has foundered in the sea of life because of ignorance of hidden dangers, and if you would bring your voyage as a nurse to a successful termination, it is suggested that the following notations be incorporated in your log:—

(*Continued on page 376*)

(Extracts from an Address to the Graduating Class of Riverdale Isolation Hospital, Toronto.)

# Department of Private Duty Nursing

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## *The Interpretation of some Clinical Laboratory Studies*

By Dr. A. G. McGHIE, McGregor-Mowbray Clinic, Hamilton, Ontario

The modern clinical laboratory has become a necessity to every physician who is attempting to practise scientific medicine, not that the laboratory is the one and only thing necessary for accurate diagnosis, for it is only one of the many aids at our command, the same as the x-ray, the sphygmomanometer, and the electrocardiographic machine. Like every other effort in the science and art of medicine, precision and accuracy in all laboratory procedures is most essential, for inaccurate work will give inaccurate results and be not only valueless, but worse still, will be misleading and a hindrance rather than a help. Reagents must be accurately made and checked, stains must be standard, and cleanliness of apparatus is very essential. This, however, all reverts back to the type of person doing the laboratory work. The technician must be properly trained, must understand the fundamentals of, and be keenly interested in his work, for no laboratory, no matter how well equipped, can be depended upon if the operator is lazy, careless, or indifferent. This, of course, does not apply to laboratories alone, but to all branches of medical science, nursing, and hospital management.

Many patients lose valuable time and considerable money by having clinical laboratory and x-ray laboratory studies done before they are studied from the point of view of history and physical examination. They put the cart before the horse, and generally the wrong part of their anatomy is x-rayed, or laboratory studies that are not indicated are done and the essential ones, as far as they are concerned, are overlooked. As an example of this, I recently had a patient referred for an x-ray of the colon because of a history of blood in the stool. Usually an x-ray of the colon would be indicated, but physical examination revealed a large spleen. The white blood count was 158,000, and a differential white count gave a blood picture of spleno-myelogenous leukaemia. The history indicated that the bleeding was from low in the bowel and anascopic and sigmoidoscopic examinations revealed a haemorrhoid oozing a slight amount of blood, because of the leukaemia. Should x-ray of the colon alone have been done the finding would have been negative, and the patient put to a useless expense. Physical examination caused one to suspect the true condition and the clinical laboratory confirmed the diagnosis.

As private duty nurses, then, when your attending physician requisitions certain laboratory work, he does so for the purpose of confirming an opinion or to rule out a possibility. Thus a report of normal findings may be of just as great value in a given case as one of abnormal findings.

### *The Blood*

I would like first to discuss the blood and some of the important examinations of it. The blood is a colorless fluid media in which float various kinds of solid bodies. The red corpuscles are so numerous that they colour the whole blood red. They are

(Given at the Registered Nurses Association of Ontario annual meeting, April, 1929.)

for the purpose of carrying oxygen to all parts of the body. Haemoglobin is an iron compound found in the red corpuscles which unites with the oxygen in the lungs and sets it free where it is required in the body tissues. The polymorphaneuclear leucocytes, a portion of the white cells, are the scavenger cells, whose duty it is to attack invading bacteria. Lymphocytes, also white cells of different appearance and character, are found in the normal blood in small numbers, but may be greatly increased in patients suffering from any of the leukaemias. The normal red cell count is from 4,500,000 to 5,000,000; white cells 7,000 to 9,000. Haemoglobin around 80%, and the blood platelets, which have to do with the clotting of blood, should be between 250,000 and 500,000.

A red cell count and a haemoglobin estimation is done to ascertain whether or not an anaemia is present, and if present, the degree and character of the anaemia. The white cell count, I do not believe, is complete without a differential count. In acute infections such as pneumonia, appendicitis, or sinusitis, the white count is increased, but that increase is in the polymorphaneuclear leucocytes or scavenger cells. If the white cells are increased, say from 8,000 to 20,000, with the percentage polymorphaneuclear cells predominating, then one may be sure that a very active inflammation is going on somewhere in the body, and that it is due to one of the pyogenic bacteria. If, however, the count is 20,000, and half or three-quarters of these are lymphocytes, myelocytes, etc., then one must conclude that there is a grave disturbance of the lymphatic tissues of the body. In purpura, in which bleeding is one of the prominent symptoms, the platelet count may be found very low. We have a thirteen-year-old girl in the hospital at the present time suffering from purpura, whose platelet count on admission was 1,300, and after a transfusion of six hundred cubic centimetres of blood the platelet count only reached 9,000. The platelet count in this case confirmed a diagnosis which one suspected but could not be certain of without it.

As we have mentioned transfusion, let us discuss for a moment blood grouping or blood typing. Before any transfusion the bloods of the patient and donor must be typed. The donor's red corpuscles must be placed in the patient's serum, and the patient's corpuscles in the donor's serum. The following things may happen to render a donor unsuitable. The patient's serum may agglutinate, or cause a bunching together of the donor's red cells, or the donor's serum may do the same thing with the patient's red cells, or the serum of either might cause a destruction of the other's red cells. It can easily be seen that to have two such antagonistic bloods in one patient's body would be a calamity. Therefore a donor is chosen whose blood cells and serum are in harmony with the patient's red cells and serum. This typing is the work of the clinical laboratory and will again emphasize the need for accuracy, as any error might easily result in loss of life.

There is much more, of course, to the blood than a fluid media, and corpuscles and platelets. The chemical constituents of the blood are very interesting and very essential to health and life. The estimation of the sugar content of the blood is indispensable in diabetes. The sugar content is calculated on the whole blood, corpuscles, serum and all, so that the blood when taken is mixed with a small amount of oxolate, which prevents clotting. The normal blood sugar ranges from .09% to .12%, even .14% may not be abnormally high in a given case. Some patients will show sugar in the urine with a blood sugar slightly above normal, while others will show only an occasional trace of sugar when the blood sugar is three times the normal. It is not the sugar in the urine that is harmful in diabetes, but the abnormal amount of sugar in the blood.

I admitted a patient to hospital recently who showed only a trace of sugar in the urine but had gangrene in both great toes. She had been on a good diet and some insulin prescribed by her family physician, but her blood sugar was .29%. With this blood sugar it was unreasonable to hope for any improvement in her gangrene, and repeated blood sugar estimations were necessary to determine the amount of food and insulin required to start this patient on the road to recovery.

The blood contains certain waste products from food and burned out body tissues that are eliminated by the kidneys; namely, urea nitrogen, urea, and creatinine. If the kidneys are impaired so that this refuse is retained, something must be done about it. These tests are also done on whole blood and are found to be elevated in various forms of nephritis. The normal urea content of the blood is from 25 to 35, urea nitrogen 12 to 15, and creatinine 1.5 to 2.5. The former two rise more rapidly and fall more quickly than the latter. I have many times seen a patient with a urea nitrogen of 160 and over, and occasionally a creatinine of 25, but I have never seen a creatinine that high in a patient who did not succumb.

The blood chlorides are of interest possibly, especially to those doing surgical work. A number of years ago patients with obstruction of the bowel or persistent vomiting were thought to develop acidosis when really the opposite condition, alkalosis, is what overcomes the patient. The blood chlorides fall very rapidly and can be replaced by giving intravenous saline (sodium chloride). This, along with glucose, as a nutrient, is saving many lives today.

There has not yet been developed a satisfactory method of estimating the calcium content of the whole blood, but the calcium content of the blood serum is readily estimated, and the normal reading is from 8 to 10 or more. Many cases of delayed union or non-union in fractures is due to a low blood calcium. Calcium cannot be laid down to form new bone if it is not present in the blood. Tetany, muscle spasm, etc., that occasionally follow disturbance of the parathyroid glands, during thyroidectomy, is due to a low blood calcium. These glands appear to control the calcium metabolism of the body. The blood calcium may be increased by giving cod liver oil, foods rich in calcium, natural or artificial sunlight and parathormone, an active principle of parathyroid gland, isolated by Dr. Collip of the University of Alberta.

The Van der Berg reaction is also done on the blood serum. By this laboratory test one is able to discover bile in the blood, even before there is any clinical appearance of jaundice. The physician may suspect liver damage and by this test he may prove for himself that certain abnormal conditions are going on in the liver, or that a patient who has the appearance of jaundice is icteroid not because of liver damage but because the blood is being destroyed by some agent and the blood pigment is deposited in the tissues.

The sedimentation test on the blood is one of the newer tests and is done in this way. A small quantity of blood is mixed with oxalate to prevent clotting and placed in a standard sized tube. The blood cells gradually settle out, and the rate at which this takes place is an indication of the resistance of the patient to his disease. If the red cells settle out quickly, it indicates poor resistance, while if this takes place slowly it is evidence of good resistance and gives a better prognosis. Repeated sedimentation tests on the same patient will give one a lead as to whether the patient is winning or losing in his battle against disease.

The Wasserman reaction, of course, is a test for syphilis. A single test giving a slightly positive reaction is not conclusive evidence that syphilis is present nor is a negative report positive proof that it is absent.

*Spine*

The examination of the spinal fluid is important and the information gained from a spinal puncture starts first with the observation as to the amount of pressure in the spinal canal. Spinal fluid is normally clear, but in injury to the brain or spinal cord it may contain blood. In meningitis there may be enough pus cells present to make the fluid turbid. Normally the cell count in spinal fluid is from 1 to 7, and any increase over this indicates irritation of some sort within the skull or spinal canal. An increase in globulin indicates the same thing. A Wasserman reaction and colloidal gold or colloidal benzadine test informs us as to active syphilis of the nervous system.

*Stomach*

Let us now turn to laboratory examinations of the stomach, remembering that the x-ray of the stomach is an invaluable procedure in so far as it goes. The x-ray will give us an idea of the size, shape, and position of the stomach and first portion of the duodenum, as well as any change in the anatomy of those organs; that is, the presence of carcinoma, ulcers, diverticuli, and syphilis, but it can give no information as to the physiology or functional capabilities of the stomach. This must be learned from gastric analysis. This test, as it is usually reported, tells us how much acid, if any, is present, and if blood is found it is mentioned. If this is all that is learned from a gastric analysis it is scarcely worth the time and trouble to the patient and operators. The first information is gained as soon as the tube enters the stomach and the overnight contents withdrawn. If food is present in the specimen even microscopically there is stomach retention and this is more accurate than x-ray observation can be. Then the test meal is given, and portions of it are withdrawn at fifteen-minute intervals for two hours, with certain observations made on each specimen obtained. In a normal stomach the third or fourth specimen will be milky in appearance. Where acid is low or absent, the fluids leave the stomach quickly and the solid part of the meal is left behind. At the end of two hours the stomach should be entirely emptied and should contain only a small amount of the meal. If there is considerable of the meal remaining one knows that there is delay in the stomach emptying. After all specimens collected are filtered they are tested for free hydrochloric acid and total acids. In the normal stomach, the acidity when the meal is first taken is low, but with each specimen it increases up to a certain point, and then falls so that at the end of two hours it is the same as it was on starting. This is true also of any lesion within the stomach. The acids may start higher, and be very high at the end of one hour, but they fall again to the starting point unless, of course, the pylorus is obstructed and the stomach cannot empty. Thus a normal acid curve and a curve from a lesion in the stomach are similar. Lesions from without, but which affect the physiology of the stomach, may be duodenal ulcer, gall bladder disease, appendicitis, or other intestinal irritation or nervousness. With any of these the acid contents of the stomach does not fall to the starting point at the end of digestion. They may fall slightly or continue to rise even when the last specimen is withdrawn. This information is very important from the diagnostic standpoint.

# Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

## *Mental Health in Industry*

By MURIEL McKAY, Reg.N., Industrial Nurse, Hydro Power Commission, Toronto

Health has been defined as "That condition of the body which exists when the body is meeting adequately and without pain or damage, the demands of the moment, viz., a healthy body is one fully equipped to meet easily and well, all ordinary demands." We would consider, therefore, that the mentally fit industrial worker is one who having a competent knowledge of his work is able to carry on satisfactorily to his employer and himself.

The foundation of mental health in industry is laid long before the individual commences his first job: the right environment at home with its discipline and training, and the attendant school education should provide in the normal person poise and help for industrial life, but how frequently are we told by youthful workers that they have had a nervous breakdown. When the public generally and parents particularly, are educated to the viewpoint that a nervous breakdown is a mental breakdown, they will not be so keen on claiming this apparently interesting occurrence in their health history.

It is a well-known and accepted fact that sickness causes much more absenteeism in industry than do accidents. To what extent mental conditions contribute to this sickness (with its attendant loss to employer and worker) it is difficult to say, but we know that it plays a part, whether producing the ill health or being produced by it.

Industry has done much to protect its workers from industrial hazards, and is now attempting to promote health, hoping by education to affect the entire living of the workers, and at least by concrete measures, make life as healthful as possible during the time that is spent within its plants. In this effort to create conditions favourable to industrial health, certain factors affecting mental health present themselves, and are worthy of consideration in any honest endeavour to promote healthy minds in healthy bodies.

Let us briefly consider some of the conditions in industry contributing to mental health: Physical examination of new employees with routine follow-up examinations, assures the workers of not being placed at unsuitable physical labour; for example, to mention two not uncommon conditions, the sufferer from cardiac disability or hernia, will not be put at a heavy job which might aggravate his condition, and is thus protected from a hazard which would imperil his chances of steadily working. In this way, is eliminated the worry that is present, when placement is not considered.

The contented worker is one who is performing a work he enjoys, and to place round pegs in round holes is an important point in maintaining mental health in industry. For example, we might cite the case of the outside worker who upon being injured and rendered unfit for the type of work he has done previous to his accident, is given (in the effort to rehabilitate him) a training at indoor clerical work. A position is secured for him, and he carries on at it, but ineffectively for both himself and his employer. A further study of his case suggests his return to outdoor work as a truck driver, he is found able to do this satisfactorily for his employer and happily for himself.

The next point, and the one which probably looms largest in the minds of those considering the mental health

of workers, is the question of sufficient pay. Continual dissatisfaction with the wages received, produces a mental slant that is bound to affect one's work detrimentally: probably no one is ever paid at their own valuation, but a decent living wage with hope of advancement, most certainly contributes to the mental health of alert ambitious workers.

The industry that carries with its employees, a sick benefit, pension, or insurance plan and so assures the employee of provision during sickness, in his old age, or for his family should he die, is greatly contributing to the mental health of its workers. These schemes produce the same reaction as does our Workmen's Compensation which in providing for the worker during the disability period following industrial accidents, guarantees him adequate care and a living wage while disabled from his accident.

In our efforts to preserve mental health we cannot avoid paying some attention to that well-known green-eyed monster jealousy; back of much unrest both in great and small occurrences this condition will be found lurking, and producing a state, harmful to the mental poise and happiness of numbers of persons. The removal or alleviation of this condition would tax the wisdom of a Solomon. Nevertheless, if we are sincere in our endeavour to produce and maintain mental health, it cannot be ignored.

In closing, may I recapitulate the points which would appear to be fundamental in a study of our subject —"Mental Health in Industry":

1. Early environment.
2. Education.
3. Proper placement.
4. Adequate wages.
5. Employees benefit plans.
6. Consideration of esprit de corps.

## *Mental Health in the Hospital*

**By GERTRUDE P. GARVIN, Reg.N., Superintendent of Nurses, Isolation Hospital, Ottawa**

It is claimed that the success of the Public Health Movement waits upon progress in the control and prevention of mental and nervous disorders.

The late Dr. Thomas W. Salmon, Professor of Psychiatry of Columbia University, has said, "In the campaign against disease the nurse is not merely an agent for the alleviation of suffering, but is also the most powerful force at our disposal, for its prevention and control. The nurse is already obtaining wonderful results by implanting in children the simple basic habits of bodily health. She cannot longer ignore the opportunity that lies before her in the detection and prevention of mental disease. Education in the laws of mental health and training, in good mental habits, will of course be the most constructive form of effort to reduce the burden of Mental Disease."

Knowing the status of Dr. Salmon as an authority in the realm of Psychiatry, this tribute to the nurse is impressive, and comes as a challenge to those intrusted with the education and training of the efficient nurse of the future. All institutions interested in preparing young women to lead productive and happy lives, are giving more scientific and careful thought to the planning of a programme designed to produce the highest degree of mental and physical health possible.

A preliminary course in which the principles of mental and physical health are studied, should be a great aid to the student making her adjustment in the school. May I indicate here some factors which I feel must be considered essential to the development of mental health of the student.

There should be opportunity for participation in some form of recreation—tennis, swimming, basket-ball, dancing, etc.; but preferably competitive sports that broaden interests and social contacts and develop a spirit of good sportsmanship.

The cultural life of the student should be developed by direction of interests in music, books, current events, art.

The provision of some opportunity for a free discussion of her problems—loneliness, worries over mistakes and other difficulties, advice as to matters of dress, shopping, friendships, etc.

This can best be afforded in the provision of a house mother—not necessarily a nurse—but a woman of culture and experience who directs the social activities of a school and is a safe confidante and guide for the young student.

We realize more and more that physical and mental life are interdependent and that mental or social health means the ability to get on with one's fellow-men and live in proper adjustment to one's environment.

The nurses must be taught that not only do physical and chemical factors cause ill-health, but often there are psychic factors which are much more powerful influences in producing ill-health than either of the other factors.

Nurse students must be given an insight into some of these psychic factors to understand many of the peculiar behaviour reactions in their own lives as well as in those of their patients. They must understand that hysteria and neurasthenia are social diseases which are caused by the maladjustment of the individual to his environment.

We know that an emotional upset may bring about nausea, vomiting, weakness, chills and headache. These manifestations, the student should understand, are merely the outcome of emotional conflict.

The newer aspect of the improvement of health and happiness is to approach the problem from within. Complete honesty in dealing with ourselves will help to keep our mental life better balanced. In other words, we must face the fact of our inadequacies and faults without a sense of inferiority and with a sense of humour that helps one to laugh at one's self.

With psychiatric training the nurse learns to control her own emotional reactions, she does not betray her worries or lose confidence. She must have good emotional control in order to give the patients confidence. Above all, she learns the value of truthfulness in dealing with the patients.

The advantage of such education, to student, patient and hospital, are inestimable and will make for greater harmony.

Incidentally this instruction will furnish the best possible background for the course in psychiatric training, which we hope will be one of the developments of the near future. The nurse will take to this part of her course vision and quick, keen discernment, intelligent sympathy and the power of sensing and defining accurately. She will learn that in many sick rooms the patient may be more important than the disease. Bad habit formations may appear which are more serious than wounds. These habits must be modified.

When we consider that more than fifty per cent of all persons presenting themselves to physicians or to hospitals as sick, show no physical or organic cause for their complaints, but are instead suffering from social or mental mal-adjustments or psychoneurosis, we are faced with the urgent necessity of preparing the student as early as possible in her training to help in their care. Regarding education, I should like to suggest that collegiates and high schools be asked to consider special courses in Mental Hygiene in the third and fourth grades for those students comtemplating a nursing course. This to be later supplemented by instruction in the preliminary course in the hospital training school and clinical observation of patients suffering from psycho-neurosis and other nervous disorders.

Approaching the problem in this way with an honest recognition of such disorders as mental diseases and an intelligent sympathetic management and care of them as such will be of inestimable value in removing the stigma and prejudice against psychiatric nursing now held by many—perhaps most—nurses, and will as well greatly assist in the early detection of mental illness and resultant improvement in the prognosis for the patient.

# *Mental Health in the Home*

By Miss ISOBEL McINTOSH, Reg. N., Hamilton, Ont.

Illness has been defined as "the result of physical, mental or social mal-adjustments, and nursing implies, the care of the whole patient, who is a complex human being," therefore, emphasis must be placed on that mysterious composition of elements called the mind, which controls the body in all its actions and reactions, either in health or disease. The visible results of our thoughts are seen in our actions and emotions, but as our thoughts are silently controlled by our will, we have great need of a better understanding of the forces whether from heredity or environment, that influence the trend of our own or some other person's will.

The newer clinical laboratory discoveries insist that pathology and psychiatry go hand in hand. It is a recognized fact that disturbed metabolism interferes with the mental mechanisms which control the emotions of human beings. The same emotional symptoms relative to the physical diseases are more of a nursing problem than the actual disease, because the physician decidedly prescribes for the disease, while the nurse is left for twelve hours of the day or night with the apprehensive patient. The technical efficiency of the nurse is greatly handicapped if her mental attitude is not in harmony with that of the patient. Such attitudes may be quickly changed by suggestions of more favourable qualities, depending on the elasticity of mind and power of will to use all the tact the occasion demands. This proves the necessity of equipping every nurse with some knowledge of the fundamentals of human behaviour.

Modern psychiatrists tell us that mental states are classified according to the kind of elements that compose them, and it is the change in the proportion of these elements that characterizes mental differences. Perception and imagery are the most important of the primary state, while in the secondary state, emotions are the most primitive. Sentiments are the least important type, whereas rational thought is the most essential factor in the highest development of mental life.

According to Howard C. Warren, of Princeton University, the development of mental states is due to the co-operation of three factors. 1st—The complex inherited cortical structure. 2nd—The specific forces in the general environment which act upon the given individual. 3rd—The social environment. All three factors vary with different individuals, and in different situations. From this we find that the extent of knowledge which can be absorbed by the individual depends on heredity, but the amount that will be learned depends on environmental influences. Thus, while the growth of individual mentality is the essential part of life's business, fateful circumstances play a positive part in directing the path of life's experiences, and fate is rather ironic at times, in placing the uncertain mind in an unfavorable home environment. Immeasurable harm comes from the lack of understanding on the part of those in authority, whereas if correct conditions were created or adjusted, this same individual might become a potential influence for good in the community, or at least a border-line sanity would be maintained.

In looking to the ideal home, as the primary foundation of the progress of the nation, our hope must be placed on the harmonious development of character, intellect and temperament of the individual members of families. All life is a school where from the early months of infancy, guidance and discipline controlled by common sense, exert the most formative influence for good behaviour.

The forces of modern civilization bring many complications to imperil the correct balance so necessary to mental health. A moderate display of expressive emotions is necessary for the stimulation of vital life, and is

a great force for civilization. It is the extreme manifestations that disturb the balance. From the normal error to the destructive disturbance there are numberless steps of transition.

Of paramount importance in many homes today is the problem of worry and restlessness, each in itself suggestive of the destruction of the happiness and achievement of the two generations that compose the family life. There is an endless competition for the non-essentials of life, and all this in spite of the fact that neurologists claim that every person has a tendency toward neurasthenia.

The registered nurse goes into any representative home, called hither by the illness of one of its members, but immediately she steps across the threshold she becomes responsible for the mental atmosphere. It is well for her if her knowledge and perception express the resourcefulness necessary to deal wisely and sympathetically with the mental variations even within the limits of normal life.

This may be the great opportunity to direct the thoughts of the members of that home, to even a few of the important factors that contribute to the maintenance of mental health. It is an undisputable fact that time must be allowed for sufficient rest and sleep, because the decomposition of the brain molecules cannot be restored in any other way. Among the manifold demands of modern times, there is a great need for quiet, reasonable thought, so that the strength of will remains strong and independent. To have the power of forced attention or concentration, is to have the fundamental principle of human progress and success. The development of courage and endurance has saved many a seemingly disastrous situation. " 'Tis the front toward life that matters most: The tone, the point of view, the constancy, that in defeat, remains untouched and true." While it is important that our work should be suited to our ambition and ability, there must be no relaxation of the spirit necessary to maintain our economic independence. All effort should not be measured by the usual standards of commercial value, but rather, by the sentiment expressed by R. L. Stevenson—"In the joy of the work, lies the sense of the action". That to miss the joy of work, is to miss all. Human behaviour, at its best, has the golden thread of humour running through all work and play.

To have the personal ideals of the master mind of Sir William Osler given to us, in one of the most distinguished lives in modern history, is in the deepest sense of the word, a liberal education in mental health, and demonstrates the simplicity of greatness.

(1) To do the day's work well and not to bother about tomorrow.

(2) To act the golden rule, as far as possible.

(3) To cultivate such a measure of equanimity, as would enable one to bear success with humility, the affection of friends without pride, and to be ready when the day of sorrow and grief comes, to meet it with courage, befitting a man.

"I have loved no darkness,
Sophisticated no truth,
Nursed no delusion,
Allowed no fear."

# *Home Nursing Training*

By ANNE ANDERSON PERRY, Toronto.

In the last five years, through the capable work done by provincial supervisors of home nursing, the Canadian Red Cross Society has been able to command the services of small armies of doctors and nurses who have gratuitously instructed no less than 14,000 girls and women in this indispensable household art. If there were enough instructors this number might be doubled within a year. But even as things are it can be readily seen that with an allowance of only three to an average family, the instruction thus extended has already reached at least fifty thousand persons whose health standards have been thereby beneficially and permanently affected.

When, however, such large centres of population as Montreal, Toronto, Winnipeg or Vancouver are contemplated, it is driven home that the surface only has been scratched and that there are many new fields to conquer before the Red Cross can fulfill its ideal of carrying into every home a working knowledge of the science of home nursing, without which neither wives or mothers may be said to be adequately equipped for their life work.

It is learned that of all these cities, Toronto has done most to bring within the reach of all classes of women the necessary instruction and from Miss Goodman, the busy supervisor for Red Cross Home Nursing, information is forthcoming which shows the remarkable progress already achieved in that city.

Since 1924, when classes were first formed, Miss Goodman has organized 232 groups within Greater Toronto, 214 of which were completed with a total of 4,105 members in attendance. So insistent indeed is becoming the demand for home nursing instructions that it is now necessary to organize at least 50 to 60 new groups each year and a glance at the subjects taught reveals why women are so glad to obtain it, from sources so authorative as the expert nurses or medical men in charge.

The course consists of twelve lectures and demonstrations on personal and home hygiene; the bedroom, in health and sickness; signs of illness; care, feeding and treatment of the sick; communicable diseases; emergencies and slight ailments; maternity and infant care; feeding the infant or child; food needs of the adult.

A course so obviously helpful to women of all classes that it is scarcely surprising to learn that women in the hundreds of groups already instructed have been drawn from many departments of life, including private homes, stores, factories, settlements, institutions for unfortunate or delinquent girls, offices, clubs, hostels for the newly arrived immigrant girl, the Y.W.C.A.'s, the Canadian Girls in Training, colleges, home and school or business and professional women's associations and the day nurseries. But it is somewhat astounding to learn that even such institutions as care for the deaf and dumb or the blind as well as those organizations which keep in close touch with foreign women from such countries as Germany, Russia, Poland, Ukrania or China also are demanding home nursing instruction for their charges.

"What! Teach home nursing to the deaf, the dumb, and the blind, or to the Chinese women!" you exclaim. "How can you do that?"

"By just doing it," you are told by Miss Goodman. "One of the most enthusiastic, interested groups ever taught in Toronto consisted of eleven deaf and dumb young married

women who were keen to take the course. Of necessity it was harder for the nurse in charge, as everything she said or did had to be rapidly and accurately put into sign language by a devoted woman interpreter, but it was amazingly cleverly done. We have never handled a class which became more efficient and as many of the women had children — yes, in some cases quite normal children with all their faculties — these young wives were every day finding use for the knowledge they had gained.

"The blind students were an even more difficult group, but as the course was requested by the inmates of Clarkewood Institution it was given in an adapted form. The students were intensely interested, soon became expert bed makers and seemed to be greatly benefitted.

"As for the Chinese women, we have never dealt with a more intelligent group. There were twenty of them in all so that they represented a good proportion of the sixty-five wives who have been brought to Toronto from China by their husbands, under the five hundred dollar head tax. They were all mothers of families and of good class. Among them was Mrs. Chew who acted as a clever interpreter, and Mrs. Wo, the wife of a Chinese United Church minister, now in the city of Victoria in charge of a church. Then too, a Miss Ing, a Chinese lady who attends one of our medical colleges, came to give a demonstration and lecture. The women brought their children with them and allowed them to be used in demonstrating baby or child care. As these Chinese women and children were never allowed on the streets alone it was necessary that all members of this unique class should be brought to the church where the classes were held and taken from it to their homes. Through the generosity of a mission worker who used her own car for this purpose this was done for the entire series of lectures so that this group completed the course with a full attendance. It was in charge of a highly capable nurse from the children's hospital who was proud of the results.

"Then at the mission on Robinson Street where there is that devoted woman, Miss Maybee, who gives all her time and talents to the assistance of the foreign women within the city gates, we undertook the instruction of groups which were quite international in character, and polyglot as to language. But with Miss Maybee, as well as some of the students themselves assisting, we were able to give the most important parts of the instruction to them all. Such another group was handled through the Y.W.C.A. and in that one, as many of the girls were employed at domestic service they had to take their afternoons "off" to come to the classes. But they seemed eager to do so although they represented foreign lands as Russia, Poland, Ukrania, or Switzerland.

"Another group of women who always seem pitifully anxious to receive the home nursing training consists of the mothers who have to leave their children at the day nurseries and creches. These women, though they have to work hard every day, will cheerfully come in the evenings once a week in order to take the course. They see in the nurseries what it means to have expert care for their children and they are themselves anxious to acquire the requisite knowledge."

It was also learned that the large insurance companies have been so interested in home nursing courses, for girls and women, that several of them have co-operated with the Red Cross to supply assembly rooms in which their employees may receive instruction and year after year have provided tea for those taking the

training in order that they can at once enter the classes after their day's work. A significant fact. For it is apparent that these companies which are vitally concerned with the conservation of life see in this instruction for women one of the most powerful agencies in that preventive medicine which it is their business to encourage and to advocate.

Still other evidences of the increasing demand for home nursing knowledge lie in the fact that no less than fifteen home and school clubs in Toronto have asked for, and received the course, while dozens of churches, particularly in down town sections, have very clearly shown that in Red Cross home nursing training they recognize one of their most valuable allies in teaching the way of right living to many of the under privileged custodians of homes and children.

Other cities in Canada are making progress toward extending a knowledge of home nursing but there are still many virgin fields to conquer in both town and country, which await only a small army of professional instructors and the necessary finance in order to make this special training available to still more Canadian women.

It is recorded that in New Brunswick, where Miss Sibella Barrington, the provincial organizer, has done invaluable work throughout her territory in the widespread organization of home nursing classes, one group of women were so determined to take this training that although they were heads of households, they undertook an intensive course of two weeks with daily attendance rather than miss the chance offered by an instructor who could give only that period to the work.

Women of all classes and in all parts of Canada are eager for this training which they recognize gives them a knowledge of those things most essential to successful wifehood and motherhood—knowledge of the fundamentals of family health and well-being. In attempting to fill this need the Canadian Red Cross is meeting an individual as well as a national demand, the value of which may be estimated only in terms of human happiness and health.

(Published in "Social Welfare," November, 1928, and in the Labour papers throughout Canada.)

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## *Announcement of Change in National Representatives to Congress*

There have been two changes made in England's representatives to the Congress: the Misses Ellen F. Brownsdon, S.R.N., F.B.C.N., and Susan A. Villiers, S.R.N., R.F.N., F.B.C.N., are replacing Mrs. Lancelot Andrews and Miss Helen Pearse.

Miss Ellen Brownsdon is a director of the National Council of Nurses of Great Britain, and sister in charge, Treatment Centre, London County Council School Nursing Service.

Miss Susan A. Villiers is a member of the General Nursing Council for England and Wales; president of the Infectious Hospitals Matrons' Association; vice-president, National Council of Nurses of Great Britain; vice-president, British College of Nurses.

There is also a substitute for Denmark. Miss Petria Andersen is unable to attend the Congress, and is being replaced by Miss Ellen Brae, who is working at the Medical Centre of New York.

# News Notes

## BRITISH COLUMBIA

The regular monthly meeting of the Vancouver Graduate Nurses Association was held on June 12th at the Vancouver General Hospital, Miss M. Campbell in the chair.

The private duty nurses brought forward the question of the ten-hour day, and a committee was formed to go thoroughly into the matter.

The chairman referred to the resignation of Miss K. W. Ellis as lady superintendent of the Vancouver General Hospital, and expressed the deep regret of all members of the Association, who at the close of the meeting presented her with a leather purse bag.

Mr. Filmer, physical director of the Y.M.C.A., gave an excellent address on "Health, and its connected relation to the Mental, Spiritual and Physical sides of life." After a vote of thanks to the speaker, the meeting adjourned.

Examination for Certificate of Registered Nurse: The results of the Examination for Certificate of Registered Nurse, to be awarded on completion of hospital course, which was held in various centres of British Columbia recently, are as follows, names being given in order of merit:

80% to 90%: Misses E. O'Brien, St. Joseph's Hospital, Victoria; K. M. McMillan, Vancouver General Hospital; E. N. Dickinson, King's Daughters' Hospital, Duncan, W. M. Mole, Vancouver General Hospital; D. M. Reed, Vancouver General Hospital.

75% to 80%: Misses M. E. Johnson, C. E. Bower (J. E. Coogan, E. O. MacMaster—equal), I. L. Blackman, G. F. Lee, M. I. Scott, J. A. Campbell, M. A. Blakemore (D. M. Handley, R. Johnson—equal), I. I. Jones.

70% to 75%: Misses M. A. Wright, K. P. Dayton, E. M. Welton (D. M. Hall, M. F. Weaver—equal), E. I. Fetterly, M. Lindsay, E. B. Casswell, M. C. McDougall, B. Stark (A. M. Beacham, M. Moore—equal), N. E. McNinch, A. F. Dickman (F. V. McKibben, H. K. McKinnon—equal), (A. J. Cole, B. L. Martin—equal), M. M. Stirling, N. S. Strathdee, B. M. Forsberg (R. DeGear, E. R. Thompson—equal), (O. E. Dirom, L. M. McLaughlan—equal), R. E. V. O'Neill.

60% to 70%: (A. L. Groves, G. J. Morley—equal), H. K. Gibbs, I. M. Clark (L. M. Andrews, M. J. McKay, M. Morrison—equal), N. Bonar (V. L. Bird, I. M. Stokes—equal), (E. L. F. Charbonneau, E. M. Rayburn, M. C. Williamson—equal), K. Tingle, (E. E. Hutchison, A. Levasseur, J. H. Woodworth—equal), (M. E. McGrattan, N. Mitchell—equal), (E. Caron, M. B. McDonald—equal), (H. M. Bell, E. M. Larky—equal), (L. M. McCormack, J. H. McMurphy—equal), H. M. Voorhees, E. L. Connor, C. M. Mulhern (E. C. Bell, L. E. C. Hembling—equal), E. Hannam (V. V. Jones, A. L. Poole, L. E. Senay—equal), M. G. Johnston, R. E. Westoby (K. F. MacDonald, H. A. MacMillan—equal), G. P. Stimpson, A. M. Kilgannon (M. V. Doroshenco, G. A. Miller—equal), (A. Aitchison, D. M. Brown—equal), L. O. Wyatt, M. E. Snow, J. M. Heathorn (E. K. L. Dimock, C. E. C. Sanderson—equal), B. K. Geddes, B. M. Allaire (E. H. R. Homersham, S. A. Peat—equal), E. M. Greenway, C. L. J. Clark, C. A. McDonald.

50% to 60:% Misses I. A. Hamilton, D. M. Brewster, C. R. Duff.

Passed Supplementals: Misses L. A. Ball, C. M. Bawtinheimer, I. E. Dynes, E. G. Fiddick, J. M. Hardy, H. O. Lipsey, L. A. Morrison.

With Supplemental Examination to write: Misses D. Forde (1), C. M. Hardie (1), E. M. C. Jackson (1).

## MANITOBA

General Hospital, Brandon: The Graduate Nurses Association entertained the graduating class at dinner May 14, at which Mrs. A. V. Miller presided. Following the dinner, a programme of music, readings and toasts was given.

Twenty-six nurses received their diplomas on May 16th, at the graduation exercises presided over by Mr. R. Darrach, president of the Hospital Board. Dr. J. S. Clark addressed the class on "The Training of Nurses in Community Health Work". Prizes and medals were presented to: Miss E. M. Bright, gold medal for highest standing in her year, and the prize for the eye, ear, nose and throat; Miss Kains, Dr. Edmison's prize for obstetrics, and bronze medal; Miss G. M. Birtles, silver medal; Misses M. R. Palmer and M. E. Perry, general proficiency prizes.

At the conclusion of the exercises a reception was held in the newly-erected nurses' home, at which the class received with Miss Macleod.

Miss E. McNally, assistant superintendent of nurses, has left for the East to recuperate.

Miss Mary Houstan has been appointed Public Service Nurse, Brandon, under the Provincial Board of Health.

Mental Hospital, Brandon: The annual graduation exercises took place on May 15, when the following received their diplomas in mental nursing and first aid: Miss Evelyn N. Innes, of Deloraine; Miss Lucienne Lecot, of Ste. Rose du Lac; Miss Martha McClintock, of South Barsalloch, Scotland; Miss Myrtle

M. McTavish, Rapid City; Miss Mabel Pilkey, Alexander; Miss Islay Riach, Portage la Prairie; Miss Margaret Smith, Kelwood. The event was presided over by Hon. D. G. McKenzie, and the main address to the graduates given by Dr. Wm. Boyd, professor of pathology at the University of Manitoba.

Dr. Barager, superintendent of the Hospital, has returned from post-graduate work in England.

ST. BONIFACE HOSPITAL: The Alumnae entertained at a silver tea, April 13, which was most profitable.

Commencement exercises were held on May 16, when forty-eight nurses received their diplomas. Dr. E. J. Boardman delivered a very interesting opening address, followed by several vocal selections and addresses to the graduates by Dr. A. J. Adamson and His Grace Mgr. A. Beliveau. Prizes were awarded as follows: general proficiency, Florence M. Howson; practical nursing, Susanna E. Indridoson; surgical nursing, Mina E. Cairns; obstetrical nursing, Emma M. Kunemon; charting, Gertrude A. Hunt; bandaging, Kathleen E. Flanigan; executive ability, Gladys M. Thornton; highest standing in theory, Gene E. Hooper.

Miss S. Wright, president of the Alumnae, returned to Winnipeg after having spent the past month in New York.

Miss W. Tracy, who has been doing private duty nursing in Chicago, is visiting her sister, Mrs. Leglyn, of Winnipeg.

Miss Didion, who has undergone an operation in the Misericordia Hospital, is improving.

Miss O'Rourke has accepted a staff position at the Deer Lodge Hospital.

Miss E. Payne returned to Winnipeg after having spent the past month at the home of her parents at Dauphin, Man.

Miss Gladys Huggins left for Detroit, Mich., where she is doing private duty nursing.

Miss Emily Smith has accepted a staff position at Ninette Sanatorium.

GENERAL HOSPITAL, WINNIPEG: Miss Millicent Gostling (1928, H.S.C., Gt. Ormond St., London, 1924) will attend the I.C.N. Congress, Montreal. She is now visiting friends in Chicago, and will motor to Montreal from that point, arriving in time for the opening session. At the close of the Congress the party will visit Toronto, and spend four or five weeks motoring through the New England States, camping at various points on the shores of the Great Lakes.

## NEW BRUNSWICK

The Council of the New Brunswick Association of Registered Nurses met at the Saint John Tuberculosis Hospital on May 14, 1929, with the president, Miss McMaster, in the chair. Miss M. Murdoch was appointed to arrange for a provincial exhibit at the International Congress. Arrangements were made for the annual meeting of the Association to be held in Saint John, September 17 and 18. Reports of the various committees were presented, and much routine business dealt with. At the close of the meeting, refreshments were served by Miss Coleman, superintendent of nurses at the hospital.

SAINT JOHN: The monthly meeting of the Saint John Chapter of Registered Nurses was held May 20, at the Saint John County Hospital, with the president, Miss E. J. Mitchell, in the chair. Plans for entertaining the provincial convention on September 17 and 18 were discussed. At the close of the business session a social hour was enjoyed and refreshments served by Miss Coleman, superintendent of nurses at thehospital.

The Chapter also held the first of a series of bridges on April 18. The purpose was to raise money for the Stamers Memorial Fund to furnish a ward for boys in the new hospital. A most enjoyable and profitable evening was spent.

GENERAL PUBLIC HOSPITAL, SAINT JOHN: On May 15 the Alumnae entertained the graduating class of 1929, at a dinner-dance and bridge in the Admiral Beatty Hotel.

On May 17, the graduating exercises were held in the Nurses Home. Col. Murray MacLaren, C.M.G., M.P., presented a picture to the Nurses Home of Jeanne Mance, founder of Hotel Dieu Hospital, Montreal. Addresses were given by Dr. MacLaren, His Lordship Bishop LeBlanc, Mayor W. W. White, president of the Training School; Mrs. R. N. B. Robertson, president of Women's Hospital Aid; County Warden McAllister, and Councillor G. H. Simpson.

Miss Jennie M. Stephenson received $10 in gold for general efficiency, and the Alumnae prize for the best influence exerted during her three years' training was presented to Miss Viola M. McKeen.

The members of the graduating class are: Ruth Babb, Adelaide Cronkite, Edith Estey, Elsie Lawson, Viola McKeen, Mary Reed, Jennie Stephenson, Evelyn Black, Margaret Darling, Alberta Foster, Helen MacDorman, Hazel Myles, Gladys Scovil, Elva White.

The Hospital has been honoured in the appointment of Miss Margaret Murdoch as one of the four delegates who will represent the nurses of Canada on the Grand Council of the International Congress of Nurses, which meets this July in Montreal.

Miss Ella Cambridge is in Boston taking a special course in Massage and Electro-Therapy, after which she will visit in Toronto.

ST. STEPHEN: The May meeting of the St. Stephen Chapter of the New Brunswick Registered Nurses Association was held in the Chipman Memorial Hospital. After a short business meeting, a social time was spent guessing "Who's Who," each nurse presenting an old photograph of herself. After the contest and awarding of prizes refreshments were served.

The Private Duty Section of the Chapter held a business meeting on May 2nd. An official registry was organized, which will be located at the Chipman Memorial Hospital under the supervision of Miss Grace Moffit, superintendent.

CHIPMAN MEMORIAL HOSPITAL, ST. STEPHEN: The Alumnae gave a banquet to the graduating class of 1929, at which twenty-five were present. The tables were decorated with the hospital colours, and miniature Maypoles. After the banquet a social hour was spent renewing old acquaintances.

The graduation exercises of the class of 1929 took place on May 14. Following the invocation by Rev. E. Hailstone; the president, Mr. J. L. Haley, made a few opening remarks, outlining the progress made by the hospital during the past year. This was followed by a most interesting address to the graduates by Dr. E. V. Sullivan. After the presentation of the diplomas by Mr. A. A. Laflin, the Harold Richardson prize was presented to the Intermediate class by Mr. Haley. Miss Bessie Folster won the first prize of $30.00, and Miss Alma Clarke the second of $20.00. Following the exercises, the graduates and their friends were guests of the Board of Directors at a reception and dance.

Miss Gertrude Hughes is engaged in general duty at Laurentian Sanatorium, St. Agathe des Monts, P.Q., and Miss Alice McConnell, in similar work at the Tuberculosis Sanatorium at Presque Isle, Maine.

Miss Nellie Spinney has resigned from the staff of Community Hospital, Fort Fairfield, Maine, and will spend the summer with her mother in St. Stephen.

## NOVA SCOTIA

Miss Marjorie Trefry has been relieved as Industrial Nurse at Moirs Limited, Halifax City, by Miss Gertrude Crosby. Miss Marjorie Trefry has taken a post on the Dalhousie Health Clinic Nursing Staff.

Miss Helen Frances Oickle of South Milford, N.S., has been appointed Night Nurse at the Soldiers' Memorial Hospital, Middleton, N.S. Miss Oickle is a graduate of the New England Sanatorium and Hospital, Melrose, Mass.

## ONTARIO

Paid-up Subscriptions to "THE CANADIAN NURSE" for Ontario in June, 1929, were 1,162. Twenty-nine more than previous month.

### APPOINTMENTS

Miss Mary Battle (St. Joseph's Hospital, Hamilton, 1928), as Day Supervisor of the Maternity Ward at Casa Maria, St. Jospeh's Hospital, Hamilton.

Misses Phyllis Clark (Grace Hospital, Toronto, 1927) and Bernice Million (1928), to the nursing staff at the East General Hospital, Toronto.

Miss Hazel MacInnes (Wellesley Hospital, Toronto, 1917), as supervisor of the Obstetrical Ward, Royal Inland Hospital, Kamloops, B.C.

### DISTRICT 2

BRANTFORD: Members of the Florence Nightingale Association were hostesses to the Alumnae at the nurses' residence, at a bridge.

The May meeting of the Alumnae was held in the nurses' residence. After a lengthy business session, Miss J. Davidson gave an interesting report of the Kingston meeting of the R.N.A.O. At the close, refreshments were served, during which Miss Jones rendered a solo.

GENERAL HOSPITAL, GUELPH: The annual graduation exercises took place on May 9th, at which fourteen nurses received their diplomas. Congratulatory addresses were delivered by Dr. Robert Harcourt, chairman, Dr. Angus MacKinnon, Guelph's oldest surgeon, and Mr. Edward Johnson, world-famous tenor. A reception was held later at the nurses' residence.

The annual dinner given by the Alumnae to the graduating class was held at Wyndham Inn, May 3rd. Toasts, a musical programme, and dancing brought a pleasant evening to a close.

Previous to sailing May 17th on the liner "Montrose," Miss N. J. Cooke, assistant superintendent, whose marriage to Dr. David Whaeley, formerly of Toronto, is to take place in Holland, was the guest of honour at many lovely showers, given by the nursing organizations and her friends. She was the recipient of a handsome tea service from the medical staff, a beautiful white gold wrist watch from the Board of Directors of the institution, and silver gifts from the nurses.

### DISTRICT 4

ST. JOSEPH'S HOSPITAL: The Alumnae entertained the graduating class of 1929 at a dinner on May 23rd at Cottage Inn. Miss Elizabeth Quinn presided. Miss Regan, instructress, spoke to the class on the high standard of the profession, its variety and opportunity. Short speeches and toasts were given by Misses Helen Robinson, Moran, Coleman, Deitrich and Mrs. Wheatley. Miss Deitrich had come from Denver, Colorado, to be present at her sister's graduation. Vocal selections were rendered by Misses E. Melody and Jean Hanley.

Sister M. Monica has completed the Instructor's course at Toronto University.

Miss Mabel Clifford (1928) has accepted a position at Oleon, N.Y.

Miss Norah Jardine (1924) has returned from the Canadian West, and is doing private duty nursing.

Miss Elizabeth Quinn (1920) has recovered from her recent illness.

### DISTRICT 5

WOMEN'S COLLEGE HOSPITAL, TORONTO: The annual graduation and dance was held in Hygeia Hall on May 31st, the guests being received by Miss Meiklejohn and Mrs. Jones. The graduates were: Misses Grace Futcher, Grace Clarke, Eva Wiltshire, Jessie Wagner, Lottie Blair, Dorothy MacGregor, Florence Smith, Elsie Perry, Annie Leung, Jean Pyper.

The alumnae entertained the graduating class at dinner at the King Edward Hotel. Miss Meiklejohn in her address stated that the hospital intended to establish a health clinic and free medical examination for poor

women of the city; also that they hoped to institute a post-graduate course in obstetrics. There is no such course in Canada at present. Miss Elsie Perry gave the class history, and Mrs. B. M. Aikens toasted the absent members.

GRANT MACDONALD TRAINING SCHOOL FOR NURSES: On the 9th of May the University Extension Department entertained at tea for the graduates of the new course in Hospital Instruction and Administration, at the Women's Union. The guests were received by Miss Emory, assistant directress of Public Health Nursing, Miss Pines, president of the graduating class, and Mrs. Dunlop.

The graduating students received words of congratulation and encouragement, particularly from those members of the profession who have been anxious to have the course started in Toronto. The need for nurses prepared for this special work has long been felt in the Training Schools for Nurses in Ontario, and the graduation of the first students is indeed a time of rejoicing for those interested in the advance of nursing education.

A great deal of the success of this first year is due to the efforts of Miss Gladys Hiscock, the supervisor of the course. The social event, which marked the end of the term, would have been complete in happiness had her presence not been denied. She has been seriously ill since the Easter recess.

The Alumnae gave a dinner to the graduating class on April 8th, followed by a theatre party.

The Junior Class entertained the graduating class at a dance on April 19th.

The Alumnae held a meeting on April 29th, at which it was decided to hold a monthly meeting on the last Monday of every month. A very interesting talk was given by Miss Pines, of New Zealand, on Dr. Truby King's method of Child Welfare.

GRACE HOSPITAL, TORONTO: The Alumnae entertained the graduating class at their Annual Dance on April 18th at the Parkdale Canoe Club.

An impromptu reunion was held in March at the Hospital of the class of 1905. Of the nine members eight are still living, and seven were present on that occasion, and to the great pleasure of all, Mrs. C. J. Currie (Miss Elizabeth M. Parton, Montreal General Hospital), who was superintendent of the Hospital from 1901 to 1908, was also present.

Letters have been received from Miss Hilda Duckworth (1927) from Duzdab, Persia, where she is engaged in missionary work.

### DISTRICT 8

Some thirty-eight nurses of the Public Health Section of the District recently attended a dinner held at the Chelsea Club, Ottawa. During the evening short addresses were given by Miss Elizabeth Smellie, chairman of the National Public Health Section, and Miss Ethel Cryderman, chairman of the Public Health Section, R.N.A.O. A representative from each group of workers present conveyed greetings and told something of the work she was doing in Ottawa.

CIVIC HOSPITAL, OTTAWA: The class of 1930 entertained the graduating class at dinner at the Chateau Laurier. The following toasts were proposed: "The King," by Miss B. O. MacInnes; "The Graduate Staff," Miss M. McDiarmid, with Miss Jenkins responding; "The Graduating Class," by Miss B. O. MacInnes, responded to by Miss Frizell; "The Training School Office," by Miss M. Norman, responded to by Miss Gertrude Bennett; "The Doctors," by Miss I. MacDowell.

The commencement exercises of the School of Nursing were held on May 22nd. The principal speaker was Dr. J. J. Heagerty, of the Department of Pensions and National Health, who addressed them on the development of the nursing profession in Canada since the establishment of the first hospital in Quebec in 1639. Dr. D. M. Finnie, chairman of the Board of Trustees of the Hospital, who presided, was assisted in the presentation of diplomas and pins by Miss Gertrude Bennett and Miss Marion May. The congratulations and greetings of the medical staff were conveyed by Dr. J. Fenton Argue.

Miss Anne Burns, in charge of the Physiotherapy Department, has returned to duty after spending the winter in Florida.

GENERAL HOSPITAL, OTTAWA: Twenty-five nurses received their diplomas at the graduation exercises held on June 6th. On this occasion it was announced that in future the Training School of the Ottawa General Hospital would be affiliated with Ottawa University. Addresses were made by Father Robert, Dr. F. P. Quinn and Dr. J. H. Lapointe. Miss Kathleen Healey, of Ottawa, was awarded the first prize for general proficiency, while Miss Therese Charlebois obtained the highest standing in general theory; Miss Ida Gleeson the second prize for general proficiency and Miss Antoinette Despaties the second prize for excellence; Miss Veronique Gravel, of Ottawa, the prize for professioual technique, and Miss Dorothy Knox, of Ottawa, the nurses' kit given by the Alumnae for practical nursing.

The work of the Cottage Hospital, in Pembroke, is being further extended by the addition of a medical laboratory which is now being installed. The purchasing and establishment of this new department is due to the generosity of the late Mrs. Alex. Jamieson.

The intermediate class entertained the graduating class at tea recently in the new Nurses Residence.

The Alumnae held a successful tea recently, the proceeds of which will be devoted to the I.C.N. Fund.

### DISTRICT 10

On April 27th, District 10, of the R.N.A.O. entertained the superintendents and the graduating classes of the three headquarters hospitals: The McKellar-General, of Fort William; St. Joseph's, and the Port Arthur

Railway, Marine and General, at a banquet at the Royal Edward Hotel, in Fort William. Miss Jane Hogarth, president of the District presided. Toasts and speeches were followed by a vocal and instrumental programme.

The May meeting was held on May 2nd, at St. Joseph's Hospital, Port Arthur, with Miss Jane Hogarth in the chair. Mr A. F. Hansuld gave an address on "Mental Attitude," followed by an interesting paper by Dr. T. H. Hutchison on "Oral Infection in relation to Systemic Disease." Miss Lovelace, secretary, presented her report of the Convention of the R.N.A.O., held in Kingston on April 4, 5 and 6.

McKellar-General Hospital, Fort William: On May 14th, the graduating exercises took place of the nurses of the 1929 class of the hospital. Miss Dorothea Spence gave the valedictory address, and prizes were given to: Miss Doris Smith, gold medal; Miss Reta McCleod, silver medal. The graduates were: Misses Louise Ellen McGogy, Dorothy Mary Burton, Kathleen Oliver, Ada Helen King, Muriel Irene Boiseau, Myrtle Reany, Oda Clarina Dorothea Spence, Nellie Cullen, Sadie Mayne Dodge, Edith Florence Muir, Mary Margaret Pyne, Doris Smith, Reta Kathryn McCleod, Catherine Hope Mackintosh.

The following evening the Board of Trustees were hosts to the graduating class at a brilliant dance and supper at the Royal Edward Hotel.

The Alumnae entertained the graduates of 1929 at a theatre party, followed by supper at the Royal Edward Hotel.

Railway, Marine and General Hospital, Port Arthur: The graduation exercises of the 1929 class were held in St. Paul's Church, on May 16th, when the following graduates received their diplomas: Misses Lulu Hutchinson, Daisy Wear, Jean Heron. Prizes were presented to: Miss Jean Heron, General Proficiency, Dentistry, and prize for highest marks in Medicine; Miss Daisy Wear, Obstetrics; Miss Lulu Hutchinson, Obstetrics, and Records and Charting.

A reception was held later in honour of the graduating class.

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## QUEBEC

General Hospital, Montreal: The Alumnae entertained the graduating class at a dinner on May 28th, at the Ritz Carlton Hotel, at which the guest of honour, Dr. Helen R. Y. Reid, chairman of the Advisory Board, The School of Graduate Nurses, McGill University, gave an inspiring address.

The graduating exercises took place on May 30th, when Dr. C.K.P. Henry gave the main address on the practice of their profession. Prize winners were as follows: general proficiency, Miss Grace K. Reinauer, of Munich, Germany, and Miss Anna M. Mackay, of Cochrane, Ont., the Mildred Hope Forbes prize for the highest aggregate marks during the three years' course, Miss Glenna M. Hawley, of Ormstown, P.Q., and Miss Grace A. Perry, of Barston, P.Q.' special prize for general proficiency, Miss Jean M. Dunlop, of Colchester County, N.B., special prize for general application during the three years, Miss Elli M. Henriksson, of Myllykoski, Finland; the Mildrep Hope Forbes scholarship for McGill University, Miss Mary J. Denniston, of County Longford, Ireland.

Miss Anne Cromwell has resigned her position as charge nurse of Ward "L," and has accepted a position as Operating Room Supervisor at the Regina General Hospital.

Miss J. C. Murphy, who has been travelling in the United States for the past three months under the Rockefeller Foundation in connection with public health has resumed her duties in the Out-Patient Department.

The engagement of Miss Freda Cromwell (1926), to Mr. Redington Moore, of Easton, Penn., is announced.

The sympathy of the members is extended to: Misses Read, in the loss of their mother; Miss G. MacConachie, her mother; Miss Caldwell, her brother.

Scholarships to McGill University have been awarded to Miss Clarice Barraclough, of the V.O.N., in Public Health; Misses Marie Des Barres and Blanc Herman, of the nursing staff, in administration.

School for Graduate Nurses, McGill University, Montreal: The announcement has been made of the graduation of the whole class of twenty-four, seventeen of whom obtained first class general standing. Following is a list of the graduates: Certificates in Public Health Nursing: Mary Seabury Mathewson, Montreal, P.Q. (first class); Katherine Hanington Covert, Dartmouth, N.S. (first class); Vera Beronia Allen, Toronto, Ont. (first class); Madeline Stuart Taylor, Montreal, P.Q. (first class); Frances Marguerite Folkins, Montreal, P.Q.(first class); Anna Maria Frances MacFarland, Montreal, P.Q. (second class); Mabel Gladys Black, Montreal, P.Q. (third class).

Certificate in Administration in Schools of Nursing: Marion Sarah Myers, Guysboro, N.S. (first class); Vernie Louise Kerr, Montreal, P.Q. (first class); Ida McAfee, Paisley, Ont. (first class); Kathleen Burbidge Hill, St. Stephen, N.B. (first class); Mary Irene McQuade, St. John, N.B. (first class); Stella Orr, Kensington, P.E.I. (second class); Ethel Clark, Montreal, P.Q. (third class).

Certificate in Training in Schools of Nursing: Anna Gertrude Brown, Paisley, Ont. (first class); Hazel Keirstead, St. John, N.B. (first class); Ursula Whitehead, Victoria, B.C.(first class); Jessie Gordon, Electric, Ont. (second class); Martha Rose Racey, Winnipeg, Man.(third class); Catherine Willard Mills, Ormstown, P.Q. (third class).

Diploma in Nursing Education: Mabel Irene Cunningham, Peterborough, Ont. (first class); Eileen Flanagan, Montreal, P.Q.

(first class); Mary Agnes Turner, Almonte, Ont. (first class); Elizabeth Moseley, Red Deer, Alta. (first class).

Medals and Prizes: The Lieutenant-Governor's Silver Medal for the highest standing in the course in Training in Schools of Nursing (diploma course), Mabel Irene Cunningham; The Lieutenant-Governor's bronze medal for the highest standing in the course in Public Health Nursing, Mary Seabury Mathewson; Dr. Helen R. Y. Reid's prize for the highest standing in Administration in Schools of Nursing, Marion Sarah Myers.

CHILDRENS MEMORIAL HOSPITAL, MONTREAL: Miss W. Kirby (1926), is doing relief work at the hospital during the summer months.

ROYAL VICTORIA HOSPITAL, MONTREAL: Miss Rita Ackhurst (1924), has resigned from the operating room staff and has left for Providence, Rhode Island. Miss Cowie (1928), has succeeded her.

Miss Marguerite Bellhouse, for many years in charge of the Eye, Ear, Nose and Throat Department has resigned and has accepted a position in the Admitting Office of the Hospital.

Miss Augustine Rainboth (1920), has joined the staff at Ste. Anne's Military Hospital, Ste. Anne's, Quebec.

Miss Mary Roach (1927), is doing special nursing in New York.

Miss Anne Slattery (1920), has resigned from the school for Graduate Nurses, McGill University, and is taking a year's rest.

Miss Milla MacLellan (1915), and Miss Alice Goff (1926), have received appointments from the C.N.R., and are at Jasper Park Lodge for the summer.

Miss Stella Byrne (1925), has resigned from Cornerbrook Hospital, and has accepted a position in the Anaesthetic Department at Johns Hopkins Hospital, Baltimore.

JEFFERY HALE'S HOSPITAL, QUEBEC: The Alumnae gave their annual dinner at the Chateau Frontenac on Tuesday, May 14th, the guests of honour being the members of the graduating class: the Misses Lorna Weatherbie, Bertha Mahan, Gladys Weary, Ina Allison, Nora Martin, Ina West, Margaret Noonan, Liliah Trenaman and Eleanor Scott.

On May 15th, in the McKenzie Memorial Wing, diplomas were presented to the graduating nurses, followed by a concert. Refreshments were served by the nurses and a reception held.

On May 16th, the graduation dance was held, under the direction of Miss C. E. Armour and Miss Ina West.

Miss Frances Simms (1925), who spent the winter in the old country, has returned to Quebec, and is again doing private duty nursing.

Miss Marjorie Semple (1927), who has been living in Muskogee, Okla., for the last year has returned home.

Miss Cecile Caron (1917), has accepted a position with Dr. Hubbard as office nurse.

Miss Lorna Weatherbie (1929), has been appointed to the staff to fill the vacancy made by the resignation of Miss Nicol.

Mrs. S. Barrow, honorary president of the Alumnae who spent the winter abroad has again returned home.

The annual Pound Day was held in the Hospital on May 14th, and it proved most successful.

Miss Doris M. Jack (1923), who spent the winter in Victoria, B.C., has returned to Quebec and resumed her position as nurse in charge of the Quebec Immigration Detention Hospital.

## VICTORIAN ORDER OF NURSES

At the annual meeting of the Victorian Order of Nurses for Canada, held in Ottawa on May 8th, sixteen nurses were registered. At this meeting, 42 of the Order's 71 districts had representation.

APPOINTMENTS

Miss Eileen Wright (Winnipeg General Hospital), to the staff in Saskatoon.

Miss Madeline Taylor (Montreal General Hospital), to open the new district in Regina.

Miss Lillian Edmison (Nicholl's Hospital), in charge of the District of Cobalt.

Miss Dorothy Milks to the staff in Sarnia.

Miss Viola McFaul has been transferred to St. Catharine's

Miss Jessie Surrell has been transferred to Timmins.

Miss Claire Rochez (Ottawa General Hospital), to the staff at Lachine, to fill the vacancy occasioned by the resignation of Miss Elodie St George.

RESIGNATIONS

Miss Eileen Graham from the staff of the Victoria Hospital in Renfrew.

## C.A.M.N.S.

MONTREAL, P.Q.: At the annual dinner of No 3, Canadian General Hospital (McGill), held in the University Club, on May 6th, the fourteenth anniversary of the sailing of the unit for Overseas Service, the Nursing Sisters were the guests of their former O.C., Brig. Gen. H. S. Birkett.

Twenty-five of the original Sisters were present. After the toasts, a very enjoyable hour was then spent by former officers and sisters, during which an autographed copy of the history of the Unit was presented to Dr. R. C. Fetherstonhaugh, the author.

WINNIPEG, MAN.: The Nursing Sisters Club, of Winnipeg, and friends met at an enjoyable tea in the Marlborough Hotel on May 11th. The guests were received by Miss M. McGilvray and Miss K. M. McLearn.

The Nursing Sisters were represented among other organisations at the annual memorial service held at the "Next of Kin" monument on May 19th, and in the afternoon of the same day several took part in the Decoration Day services.

## BIRTHS

BICKNELL—On May 12, 1929, at Lindsay, Ont., to Mr. and Mrs. A. C. Bicknell (Clara V. Hutchinson, Grace Hospital, Toronto, 1923), a son.

CHOATE—Recently, at Calgary, Alta., to Mr. and Mrs. C. A. Choate (S. Lunn, Calgary General Hospital), a son.

COCKBURN—On February 6, 1929, at Toronto, to Mr. and Mrs. William Cockburn (Claire Louise Tilt, Grace Hospital, 1920), a son (Donald William) and a daughter (Anne Claire).

CONWAY—On February 24, 1929, to Dr. and Mrs. Conway (Abigail Derbyshire, Wellesley Hospital, Toronto, 1921), a daughter.

GEORGE—On May 19, 1929, at London, Ont., to Mr. and Mrs. Walter G. George (Velma C. Meadows, Galt General Hospital, 1925), a son (Floyd Joseph).

GRANGER—On May 20, 1929, at Vancouver, to Mr. and Mrs. John Granger (Freda Martin, Vancouver General Hospital), a son.

HUTCHISON—On May 27, 1929, at Montreal, to Dr. and Mrs. Keith Hutchison (Melicent Branch, Royal Victoria Hospital, 1924), a son.

MITCHELL—On May 17, at Saint John, N.B., to Mr. and Mrs. J. J. Mitchell (Frances O'Keefe, General Public Hospital, Saint John), a daughter.

MACDONALD—On December 29, 1928, at Toronto, to Dr. and Mrs. John MacDonald (Miriam Smith, Wellesley Hospital, Toronto, 1923), a son.

McDONALD—In August, 1928, to Mr. and Mrs. Leonard McDonald (Miriam Davis, Wellesley Hospital, Toronto, 1919), a son.

O'SHAUGHNESSY—On May 13, 1929, at Montreal, to Dr. and Mrs. P. E. O'Shaughnessy (Audley Fraser, Montreal General Hospital, 1924), a son.

POWER—On February 2, 1929, at Toronto, to Mr. and Mrs. Fred Power (Olive Mary Noble, Grace Hospital, 1921), a son (Frederick Joseph).

RAMSEY—On June 2, 1929, at Montreal, to Dr. and Mrs. Stuart Ramsey (Juliette Pelletier, Montreal General Hospital, 1914), a daughter.

REDDY—On May 27, 1929, at Montreal, to Mr. and Mrs. Eric Reddy (Agnes Bigelow, Royal Victoria Hospital, 1925), a daughter.

RUNDLE—On May 29, 1929, at Oshawa, Ont., to Dr. and Mrs. F. J. Rundle (Mabel Hutchinson, Wellesley Hospital, Toronto, 1918), a son.

RUSH—On December 5, 1928, at Toronto, to Dr. and Mrs. J. W. Rush (Reita Book, Wellesley Hospital, Toronto 1920), a daughter.

TOMPSETT—On May 12, 1929, to Dr. and Mrs. David Tompsett (Leila McGinnis, Vancouver General Hospital), a son.

TRAINOR—On May 6, 1929, at Saint John, N.B., to Mr. and Mrs. J. Clifford Trainor (Ada Foley, General Public Hospital, Saint John), a son.

WILSON—On May 12, 1929, at Montreal, to Mr. and Mrs. Wilson (Eva Farrell, Montreal General Hospital, 1917), a daughter.

## MARRIAGES

BAGLOW—WATSON—On May 4, 1929, at Toronto, Marjorie Blanche Watson (Grace Hospital, Toronto, 1925), to John Baglow. At home, Flushing, N.Y.

DUKE—O'HEIR—On April 3, 1929, at Caledonia, Ont., Margaret O'Heir (St. Joseph's Hospital, Hamilton), to Alphonsus Duke.

FERGUSON—WALTERS — In February, 1929, Doris Walters (Wellesley Hospital, 1928), to James Ferguson, Weston, Ontario.

FISHER—REED — On May 22, 1929, Frances L. Reed (Montreal General Hospital, 1912), to Rev. Lawrence H. Fisher, of Winnipeg.

GEDDES—TERRY—On January 28, 1929, Beatrice Terry (Wellesley Hospital, 1925), to Rt. Rev. W. A. Geddes, Bishop of Mackenzie River.

GORDON—TIMMINS—On June 4, 1929, at Vancouver, B.C., Laura B. Timmins (Vancouver General Hospital, 1922), to Ray Gordon.

HALL—MACWATT—On March 21, 1929, at Rockingham, N.S., Esther MacDonald MacWatt to James Hall. At home, Halifax, N.S.

HARPER—WRAY—On May 23, 1929, at Vancouver, B.C., Florence Wray (Vancouver General Hospital, 1927), to William Harper.

HIGGINS—BOYES—On April 1, 1929, at Hamilton, Genevieve Boyes (St. Joseph's Hospital, Hamilton, 1917), to Charles Higgins.

KENNEDY—GIBBARD — On May 10, 1929, at Vancouver, B.C., Louise Gibbard (Vancouver General Hospital, 1926), to William Kennedy.

LACEY—HARDING—On June 8, 1929, at Chateauguay, P.Q., Louise Harding (Children's Memorial Hospital, 1927), to Edward Lacey, of Grand Falls, Nfld. At home, Bishops Mills, Ont.

MORGAN—DeGEAR—On June 1, 1929, at Vancouver, B.C., Ruth DeGear (Vancouver General Hospital, 1929), to Robert Morgan.

McKENZIE—CAIRNS—On June 5, 1929, at Vancouver, B.C., Lulu Cairns (Vancouver General Hospital, 1927) to Allister McKenzie.

PARSONS—SEVENPIFER—On June 5, at Jarvis, Ont., Violet L. Sevenpifer, of Hamilton (Hamilton General Hospital, 1927), to C. A. Parsons, of River Rouge, Mich.

GISBORNE—STEVENSON—On June 8, at Wakefield, Quebec, Marian Ruth Stevenson (Lady Stanley Institute), to Lionel Reginald Gisborne, of Ottawa.

MURPHY—THOMAS — On April 2, 1929, at St. Stephen, N.B., Jeanette Thomas (Chipman Memorial Hospital, 1926), to Albert Murphy, of Yonkers, N.Y.

PIGOTT—JACKSON—On April 23, 1929, at Hamilton, Evelyn Jackson (St. Joseph's Hospital, Hamilton, 1927), to Roy Pigott.

PIKAART—CAMPBELL — On April 6, 1929, Beryl Ellethae Campbell (Montreal General Hospital, 1928), to Russell Den Ouden Pikaart of Belleville, N.Y.

SCOTT—MILLER — In February, 1929, Avis Miller (Wellesley Hospital, 1926), to Edward Scott, Toronto.

SMITH—FURNISS — In December, 1928, Harriet Furniss (Wellesley Hospital, 1922), to Murray Smith.

**DEATHS**

JEFFERSON—Suddenly, on June 4, 1929, at Ottawa, Mrs. R. Jefferson (Edith Beatrice Strong, Lady Stanley Institute Training School for Nurses, Ottawa, 1907).

POMEROY—On June 6, 1929, at New York, of spinal meningitis, Ruth Pomeroy (Royal Victoria Hospital, 1920), beloved daughter of Major and Mrs. Pomeroy, Compton, Quebec.

**BOOK REVIEWS**

In the Nursing Education Department there is published an interesting article, "Methods in Teaching Nursing Ethics," by Charlotte Talley, author of "Ethics—A Textbook for Nurses," which in its second edition contains Lesson Plans and makes an application of ethical principles to nursing problems. Published by G. P. Putnam & Sons, New York City.

**Books Received:** "Ethics and the Art of Conduct for Nurses," by Edward F. Garesche, S.J., M.A., LL.B.; three hundred and forty-one pages; price, $2.50. Published, 1929, by W. B. Saunders Company, London and Philadelphia. Canadian agents: McAinsh & Co., Limited.

*Graduation*—(*Continued from page 356*)

1. Administer your aid with a spirit of devotion and assurance. Know your work, and let the patient and his friends know that you know, and all without ostentation.

2. Accuracy, punctuality, honesty, and dignity are smooth waters for your voyage, but the cross-currents of snobbery must be avoided.

3. Never be reticent in asking advice, and never be above taking it. None of us know all there is to know. Some of us need to know what others already know.

4. Diligence, efficiency, sincerity and tact constitute a never-shifting ballast, a necessity in running a true course. Slothfulness and incompatibility are barnacles on the keel.

5. Cultivate affability, temperance, veracity and thrift. Extravagance and debt are notoriously prevalent in the profession. Pay as you go. If you can't pay, don't go.

6. Integrity, patience, long-suffering, and a studied silence are assisting trade winds, but the querulous gossip and the talker of scandal have caused more wrecks than all the nor' easters that ever blew.

7. If you would be popular, be sparing of other people's strength, make yourself at home and wait upon yourself, and when your term of duty is ended, leave them with a smile, riding the crest of the wave.

And so, on our mortal journey,
We dream as the years glide by,
And our lives resemble a river
That reflects the high swung sky.
To some the reflection is murky,
To others, the colour is blue,
Let us all sail under pure colours,
In a ship that will carry us through.

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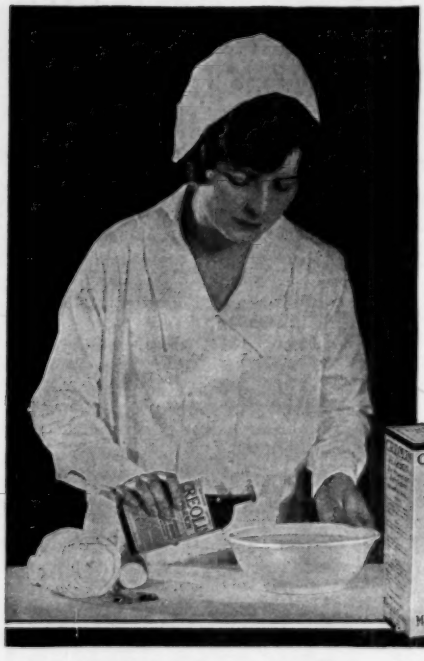

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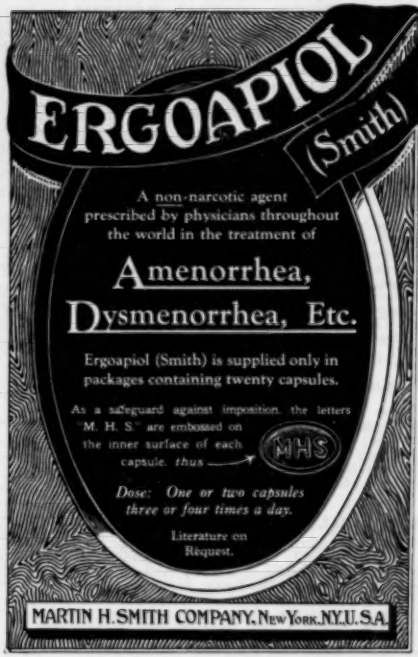
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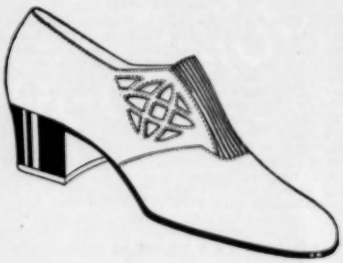

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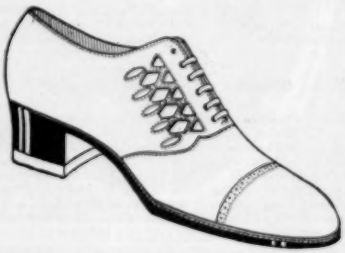

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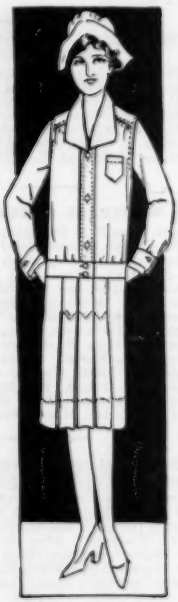

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